### THE WHITE HOUSE

#### Office of the Press Secretary

For Immediate Release

April 12, 1990

#### STATEMENT BY THE PRESS SECRETARY

The President and Mrs. Bush's 1989 tax return shows that they have paid \$101,382 in Federal Income Tax on an Adjusted Gross Income of \$456,780, of which \$189,167 was the President's salary.

In addition, the President received \$6,229 as salary while serving as Vice President during 1989. The Bushes also reported \$208,274 in income from their Blind Trust, \$804 in interest income and \$16,238 in income from other sources. A net long-term capital gain from the Blind Trust of \$36,068 was also reported. The Blind Trust is managed by Bessemer Trust Company, N.A., New York City.

The President and Mrs. Bush claimed \$94,702 in itemized deductions, which included \$37,272 in contributions to 39 charities and \$594 to charities through the Blind Trust. The net royalties received in 1989 of \$14,282 form the President's book, Looking Forward, were given to charitable organizations included in this list.

The President and Mrs. Bush's tax return has been reviewed by the Office of Government Ethics and will be filed in the Philadelphia Regional Office of the Internal Revenue Service.

DTAGE!

| torm 1040                        | U.       | S. Individual Income Ta                   | x Return        | 1303                                  |                                       | ) *C*  |  |   |
|----------------------------------|----------|---|-----------------|---------------------------------------|---------------------------------------|--|--|---|
| Far                              | the year | lan Dec. 31, 1989, or other tax year      | beginning       | , 1989, 000                           | ding                                  | 19   |  | OM8 No. 1545-0074                             |
|                                  |          | me and initial                            |                 | Last name                             |                                       | Yo   | ur soci  | al security number                            |
| abel [G]                         | PADG.    | E H.W                                     |                 | BUSH                                  |                                       | _i_  |  |   |
| <u> </u>                         |          | st name and initial                       |                 | Lastname                              |                                       | Sp   | OU96'S   | social security number                        |
|                                  | מפפת     | RA P.                                     |                 | BUSH                                  |                                       | İ  |  |   |
| ease print                       | MADA     | RA F.                                     | ·               |                                       | · · · · · · · · · · · · · · · · · · · | Fo   | r Priva  | key Act and                                   |
| type.                            | /A B     | ESSEMER TRUST CO                          | MPANY           | N.A.                                  |                                       | Pa   | регио  | rk Reduction                                  |
|                                  |          | IFTH AVENUE-TAX                           |                 |                                       |                                       | Ac   | t Notk   | o, see  |
|                                  | EW Y     |   | NY 1            | 0111                                  |                                       | In   | structi  | ons.  |
| residential                      |          | o you want \$1 to go to this fund         |                 |                                       | X Yes                                 | N  | 10 No  | ta: Chacking "Yes" will                       |
| Section Campai                   |          | joint return, does your spouse            |                 |                                       |                                       | 1  | 40   | not change your tax<br>or reduce your refund. |
|                                  | 1        | Single                                    |                 |                                       |                                       |  |  |   |
| Filing Status                    | _        | X Married filing joint return             | dno li neve) .  | vione had Income)                     |                                       |  |  |   |
| ming States                      | 3        |   |                 | spouse's social security              | no, above and full name               | here.  |  |   |
| <b></b>                          |          |   |                 | person), (See page 7 of               |                                       |  |  | your child but not                            |
| Check only<br>one box.           | 4        | your dependent, enter                     |                 |                                       | maracacia, n av que                   |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |
| OING DOX.                        | 5        | Qualitying widow(er) wi                   | th dependen     | t child (year spouse died             | 1 ▶ 19 ), (See page                   | 7 of Inst  | ruction  | 15).  |
|                                  |          | X Yourself II someone (su                 |                 |                                       |                                       |  |  | No. al baxes                                  |
| Exemptions                       |          | return do not                             | check box 6a    | a. But be sure to check to            | he box on line 33b on p               | age 2  | . }  | checked on Sa                                 |
|                                  | ь        |   |                 |                                       |                                       |  | , -  |   |
| (See                             |          | Dependents                                | 121 Check       | (3) If ag-a 2 or older.               | (4) Relationship                      | (5)No. of a                                      |  | No. of your<br>children on \$0                |
| Instructions on page 8.)         | -        | (1) Name (first, initial, and last name)  | if under        | dependent's<br>social security number | ia) umminguzuth                       | hved in  |  | mya:  |
| 6-3+ 40                          |          |   | *9 t 2          | anger all fairt in immedi             | 1                                     | 1  |  | • hved with you                               |
|                                  |          |   |                 | ······                                | <u> </u>                              | 1  |  |   |
|                                  |          |   |                 |                                       |                                       | 1  |  | • gign's has with you due to divorce          |
| more than 7                      |          |   |                 |                                       |                                       |  |  | or apparence (see                             |
| tependents,see<br>natructions on |          |   | 1               |                                       |                                       | 1  | {  | Page 5]<br>No. of other                       |
| sge 8.                           |          |   | <del> </del>    |                                       | -                                     | <del>                                     </del> |  | dependents                                    |
| • •                              |          |   |                 |                                       |                                       | <del>                                     </del> |  | on 8c   |
|                                  |          | If your ghild didn't live with you but is |                 | a danagadan yadar sara. 194           | Sameament shack have                  |  |  | Add numbers                                   |
|                                  |          | Total number of exemptions cla            |                 |                                       |                                       |  |  | entered on house po 2                         |
|                                  |          | Wages, salaries, tips, etc. (attac        |                 |                                       |                                       |  | 7  | 196,810                                       |
| Income                           |          | Taxable interest income (also             |                 |                                       |                                       |  | 02   | 17,412  |
| Ota and a wash                   |          | Tax-exempt interest income (s             |                 |                                       |                                       |  | ili de la como de la c |   |
| Please attach<br>Copy B of your  |          | Dividend income (also attach S            |                 |                                       |                                       |  |  | 9,997   |
| Forms W-2,W-                     |          | Taxable refunds of state and local inc    |                 | ,                                     |                                       |  | 10   |   |
| and W-2P here                    |          | Alimony received                          |                 |                                       |                                       | <i></i> .  | 11   |   |
|                                  | 12       | Business income or (loss) (atla           |                 |                                       | والمنهم والمنهمين                     | <i>.</i>   | 12   |   |
| If you do not ha<br>• W-2, see   | 13       | Capital gain or (loss) (attach Si         |                 |                                       | $\dots$ (ii) $\dots$ (iii) $\dots$    |  | 13   | 36,068  |
| page 6 of                        | 14       | Capital gain distributions not re         | poned on kn     | e 13 (see page 11)                    |                                       |  | 14   |   |
| Instructions.                    | 15       | Other gains or (losses) (anach            |                 | 61 13                                 | 🥲 . ,                                 | Ц.,  | 15   |   |
|                                  | 16a      | Total IRA distributions                   | 16a             | 161                                   | ees) truoma eldaxaT d                 | page 11)   | 16b  |   |
|                                  | 17a      | Total pensions and annuities .            | 17a             | 177                                   | b Taxable amount (see                 | page 12]   | 175  |   |
| •                                | 18       | Rents, royalties, partnerships, o         | states, trusts  | , etc. (attach Schedule I             | E)                                    |  | 18   | 196,493                                       |
| Please                           | 19       | Farm income or (loss) (attach (           | Schedule F)     |                                       | . , ,                                 |  | 19   |   |
| attach check<br>or money         | 20       | Unemployment compensation                 | (insurance) (:  | see page 13)                          |                                       |  | 20   |   |
| order here.                      | 21 a     | Social security benefits                  | 1 1 1           |                                       | b Taxable amount (see                 |  | 21b  |   |
|                                  | 22       | Other income (list type and arr           | ount - see p    | age 13)                               |                                       | . <del>-</del>                                   | 22   |   |
|                                  | 23       | Add the amounts shown in the far rig      |                 |                                       |                                       | >  | 23   | 456,780                                       |
|                                  | 24       | Your IRA deduction, from appl             | cable works     | heet on page 14 or 15                 | 24                                    |  |  |   |
| Adjustment                       | 5 25     | Spouse's IRA deduction, from              | applicable w    | orksheet on page 14/15                | 25                                    | L  |  |   |
| Income                           | 26       | Self-employed health insurance dad        | • •             |                                       | 26                                    |  |  |   |
|                                  | 27       | Keogh retirement plan and self            | •               | - <del>-</del>                        | 27                                    |  | Վիրեր  |   |
|                                  | 28       | Penalty on early withdrawal of            |                 |                                       | 29                                    |  | ] -  |   |
| (See                             | 29       | Alimony paid a Racipient's last           | -               |                                       |                                       |  | 1.   |   |
| instructions<br>on page 14.)     |          | and b social security no.                 |                 | )                                     | 29                                    |  |  | Į   |
|                                  | 30       | Add lines 24 through 29 Thes              | e are your to   | tal adjustments.                      |                                       | 🕨  | 30   |   |
| Adhested                         | 31       | Subtract line 30 from line 23             | This is your a  | idjusted gross income.                | It this line is less than             |  |  |   |
| Adjusted<br>Gross Inco           | me       | \$19,340 and a child lived with           | you, see "Em    | rned Income Credit' (line             | e 58) on page 20 of                   |  | 1  | 1   |
| aivas IIICO                      |          | the instructions from warring             | Cito fiction vo | our this weet page 16 of t            | he Instructions                       |  | ្នំ 31   | 1 450.780                                     |

## Form 2848

(Rev. February 1986)

Department of the Treasury

## Power of Attorney and Declaration of Representative

- Sec separate instructions.

OMB No. 1545-0150 Expires 12 31-90

| art I Power of Attorney  | <del> </del>  |  |   | For                                    | IRS Use Only             |
|--|---|--|---|--|--------------------------|
| Taxpayer(s) name(s) George H. W. Bush  |   |  | Taxpayer identification number  | File So                                |                          |
| George H. W. Bush  |   |  |   | Level                                  |                          |
| Barbara P. Bush  |   |  |   | Receipt                                | <u> </u>                 |
| Address (number and street)  |   |  | Plan number (if applicable)   | Powers                                 | 1                        |
| The White House  |   |  |   | Blind T                                | <u> </u>                 |
| City, state, and ZiP code  |   |  | Telephone number  | Action                                 |                          |
| Washington, D.C. 20  | 500   |  | 202-456-1414  | Ret. In:                               | đ. <u>I</u>              |
| eby appoint(s) the following indivi  | idual(s)*   |  | Address   | # # # # # # # # # # # # # # # # # # #  | Telephone                |
| Name   | CAF Number  | ]  | Address   | 2 8                                    | Number                   |
| e Appendix A, Attache  | đ   |  |   |  |                          |
|  |   |  |   |  |                          |
| ittorney(s)-in-fact to represent th<br>type(s) of tax and year(s) or bend  | l<br>ne taxpayer(s) before<br>od(s) (date of death ri | any office of the fifestate tax)):         | nternal Revenue Servins (or the fo  | ollowing ta                            | x matter(s) (spec        |
|  |   | Federal tax                                | Year(s) or po   | ************************************** | <u> </u>                 |
| Type of tax<br>(Individual, corporate, etc   | c) (1   | form number<br>040, 1120, etc.)            | (Date of death if   |  | Y                        |
| dividual Income Tax  |   | 1040                                       | 1989  |  |                          |
| dividual Declaration   | of  |  |   |  |                          |
| Estimated Tax  |   | 1040-ES                                    | 1990<br>ion, to receive confidential inform   |  |                          |
| Send copies of all notices and a matters to:   |   |  | ommunications to the taxpayer na<br>essed to the taxpayer(s) in proced                  |  |                          |
| 1 🔀 the appointed first named  | above, or with r                                      | no copies to                               | the taxpayer  |  |                          |
| Consill  | wo of the appointees                                  | named a bove)                              |   |  |                          |
| tial here > 104 5 if you ar 3  | above, or   |  | to endorse or cash, refund check  | s for the a                            | bove tax matters t       |
| nis power of attorney revokes all elesame tax matters and years or p   | arlier powers of attor<br>enods covered by the        | ney and tax inform<br>is power of attorney | ation authorizations on file with th  | e Internal                             | Revenue Service          |
|  |   |  |   |  |                          |
| (Specify to whom gra   | erned riste, and address in                           | icluding ZIP icade, or refe                | r to attached copies of serier powers and a   | uthorizations                          | )                        |
| gnature of or for taxpayer(s) signed by a corporate officer, pa  | ertner, or fiduciary of                               | n behalf of the tax                        |   | harity to a                            |                          |
| torney on behalf of the taxpayer.)   | 1   |  | payer, I certify that I have the aut  | mount to a                             | xecute this powe         |
|  |   |  | payer, I certify that I have the aut  | norty to e                             | xecute this powe         |
| 1 Leg 1401   | 13.1  |  | payer, I certify that I have the aut  |  | 3-20-                    |
| (Segnature uso type or print your name bease if segning your name bease if segning the segning that the segning the segning that the segning the segning that the segning the se | P. Buch   | in individual )                            | (Tritle, if applicable)   |  | 3-20-                    |
| Brulsau  | P. Burl   | nn-individual }                            | (Trite, if applicable) (Trite, if applicable)   |  | 3-20-<br>(Date)<br>3-20- |
| 1 Brusau   | or partnership to receiv                              | e contidential informat                    | (Titte, if applicable)  (Titte, if applicable)  son, but your representative must be an | indondust w                            | 3-20 (Date) 3-20 (Date)  |

APPENDIX A

NAME ADDRESS PHONE

Mr. John R. Whitmore Bessemer Trust Company, NA 630 Fifth Avenue New York, NY 10111

١.

- 1. Prepare, sign and file return.
- 2. Receive, but not endorse or cash, refund checks for the above tax matters.
- 3. Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- 4. To execute consents extending the statutory period of assessment or collection of taxes.
- 5. Execute closing agreements under section 7121 of the Internal Revenue Code.

| orin 1940 (1845)           |                 |  | 32          | 456,780  |
|----------------------------|-----------------|--|-------------|--|
|                            | 32              | Amount from line 31 (adjusted gross income).  Chart It: You were 65 or older Blind: Spouse was 65 or older Blind.  | المتنيسة    |  |
| Tax                        | <b>3</b> 3 •    |  |             |  |
| Compu-                     |                 | Add the number of boxes checked and enter the total here   |             | · I  |
| tation                     | Đ               | If you are married filing a separate return and your apouse Rentizes decucations,  |             | ļ  |
|                            | -               | ne sour are a stral-etablet alien, see page 16 and check here a service and a service service and a  |             |  |
|                            | 34              | Enter the Sour standard deduction (from page 17 of the instructions). OR   | 34          | 94,702   |
|                            |                 | targer { • Your itemized deductions (from Schedule A, line 26).  If you itemize, attach Schedule A and check here > X  |             |  |
|                            |                 |  | 1 1         | 362,078  |
|                            | 35              | Subtract line 34 from line 32. Enter the result here   | 36          | 4,000  |
|                            | 36              | Multiply \$2,000 by the total number of exemptions claimed on line 6e  | 37          | 358,078  |
|                            | 37              | Taxable Income. Subtract line 36 from line 35. Enter result (if less than zero, enter zero)  |             |  |
|                            |                 | Caution: It under age 14 and you have more than \$1,000 of investment income, check here > and see page 17 to see if you have to use Form 6615 to figure your tax.   |             |  |
|                            |                 | Enter tax, Check if from: a Tax Table, b X Tax Rate Schedules, or c Form 8615  | . 38        | 101,382  |
|                            | 38              |  | )           |  |
|                            |                 | (If any is from Form(s) 8314, enter that amount here d >   | 39          |  |
|                            | 39              | Additional littles (see page (a)). Chase a north a   | 40          | 101.382  |
|                            | 40              | Add lines 38 and 39. Enter the total   |             |  |
|                            | 41              | Credit for child and dependent care expenses (attach Form 2441) . 41   | -           |  |
| Credits                    | 42              | Credit for the elderly or the disabled (attach Schedule R)   | -           |  |
| (See                       | 43              | Foreign tax credit (attach Form 1116)  | -           |  |
| instructions               | 44              | General business credit. Check if from:  |             |  |
| on page 18.)               |                 | Form 3800 or b Form (specify)  |             |  |
|                            | 45              | Credit for prior year minimum tax (attach Form 8801)   |             |  |
|                            | 46              | Add lines 41 through 45. Enter the total   | 46          | 101,382  |
|                            | 47              | Subtract line 46 from line 40. Enter the result (if less than zero enter zero)   |             | 101,382  |
|                            | 46              | Self-employment tax (attach Schedule SE)   |             |  |
| Other                      | 49              | Atternative minimum tax (attach Form 6251)   | 49          |  |
| Taxes                      | 50              | Recapture taxes (see page 18) Check if from: a Form 4255 b Form 8611   | 1           |  |
| (Including                 | 51              | Social security tax on tip income not reported to employer (attach Form 4137)  |             | <del></del>  |
| Advance EIC                | 52              | Tax on an IRA or a qualified retirement plan (attach Form 5329)  | . 52        | <u> </u>   |
| Payments)                  |                 |  |             |  |
|                            | 53              | Add lines 47 through 52. Enter the total   |             | 101,382  |
| Medicare                   | 54              | Supplemental Medicare premium (attach Form 8808)   |             | 102 202  |
| Premium                    | 55              | Add bees \$3 and \$4. Enter the total. This is your total tax and any supplemental Medicare premium.   | <u> 55</u>  | 101.382  |
|                            | 56              | Federal income tax withheld (If any is from Formis) 1099, chack  | 4           |  |
| Payments                   | 57              | 1989 estimated tax payments & amount applied from 1988 return . 57 43,000  |             |  |
|                            | 54              | Earned income cradit (see page 20)   | -           |  |
| Attach Form                | e2 <sup>2</sup> | Amount paid with Form 4868 (extension request) ,   | -1::        |  |
| W-2,W-2G,<br>and W-2P      | 60              | Excess social security tax and RRTA tax withheld (see page 20)   | _           | <u> </u>   |
| to front.                  | 61              | Credit for Federal tax on fuels (attach Form 4136) 61  |             | 1  |
|                            | 62              | Regulated investment company credit (attach Form 2439)   | nin ital    |  |
|                            | 63              | Add lines 56 through 62. These are your total payments.  | <u>► 63</u> | 98,154   |
| Refund o                   | 7 64            | If kne 63 is larger than line 55, enter amount OVERPALD  | ► <u>64</u> | •  |
| Amount                     | 65              | Amount of line 64 to be REFUNDED TO YOU  | <b>► 65</b> |  |
| You Owe                    | 66              | Amount of the 64 to be APPLIED TO YOUR 1990 ESTIMATED TAX > 66   |             |  |
|                            | 67              | If kne 55 is larger than line 63 enter AMOUNT YOU DWE. Attach check or money order for full  |             |  |
|                            |                 | arrount payable to "Internal Revenue Service." Write your some security payable, Quitine provide   | authus      | .: [<br>   |
|                            |                 | number, and 1989 Form 1040 on it   | 67          | 3,228  |
|                            | 68              | Penalty for underpayment of estimated tax (see page 21)  | 27.27       | r di filoso pallibagida se                           |
| Sign                       |                 | Under penalties of perjury. I declare that I have examined this return and accommenying sometimes any statements, and have, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of the property of the context of the co | to the Br   | est of my knowledge and<br>ecerer has any knowledge. |
| Here                       | L               | Your signature Date Your occupation  |             |  |
| (Kamp a copy               | 7               | Secret Holas Bush Barbara P. Bush PRESIDEN   | r           |  |
| of this return<br>for your | N.              | Spouse's Ligrature (if francipently, BOTH must sign) Process of Date / Spouse's occupates  |             |  |
| records,)                  | •               | B. Colon 12. Whitmore Award attorne 4/4/90 HOUSEWIF  | £           |  |
| Pald                       |                 | Toparers / Check II  | 1           | rer's social security no.                            |
| Preparer'                  |                 | ignature / / WM Carp 4/4/90 self-employed  | ]           |  |
| Use Only                   | 7               | BESSEMER TRUST CO., N.A.   | E. I. N     | o. 13-2792165  |
| •                          | 7               | nd address 630 FIFTH AVENUE NEW YORK NY  |             | 4.10111  |

#### SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

#### **Itemized Deductions**

►Attach to Form 1040

► See Instructions for Schedule A (Form 1940)

1989

Attachment Sequence No. 07

our social security number Name(s) as shown on Form 1040 GEORGE H.W. & BARBARA P. BUSH 1 a Prescription medicines and drugs, insulin, doctors, dentists, Medical and nurses, hospitais, medical insurance premiums you paid, etc. . . 18 Dental Expenses Other (list - include hearing sids, dentures, eyeglasses, (Do not include transportation and lodging, etc. ) EXDenses reimbursed or paid by others.) 2 Add the amounts on lines 1s and 1b. Enter the total here . . . (\$00 Multiply the amount on Form 1040, line 32, by 7.5% (.075) . . . . . Instructions 4 Subtract line 2 from line 2. If zero or less, enter +0-, Total modical and dental . on page 23.) 2,479 5 5 State and local income taxes . . . . . . . Taxes You 19,528 Pald 7 Other taxes (list + include personal property taxes) > 207 (See SEE STATEMENT AL... Ínstructions 8 Add the amounts on lines 5 through 7, Enter the total here. Total taxes . . . . on page 24.) Deductible home mortgage interest (from Form 1098) that you paid Interest You to financial institutions. Pald 94 Report deductible points on line 10 . . . . Other deductible home mortgage interest. (if paid to an individual, show that person's name and address.)► (500 Instructions on page 24.) 10 Deductible points (See instructions for special rules) 11 Deductible investment interest (See page 25) . 1,622 12 a Personal interest you paid (See page 25) 122 324 12b b. Multiply the amount on line 12a by 20% (.20). Enter the result . . . . . . 324 Contributions by cash or check (If you gave \$3,000 or more to Gifts to any one organization, show to whom you gave and how much Charity 37,866 you gave) ▶ 15. Other than cash or check (You must strach Form 8283 if over \$500) . (500 Instructions 16 Carryover from prior year on page 25.) 37.866 17 Add the amounts on lines 14 through 16 Enter the total here. Total contributions . 18 Casualty or theft loss(es) (attach Form 4684). (See page 26 of Casualty and the instructions). Theft Losses 19 Moving expenses (attach Form 3903 or 3903F), (See page 26 Moving 19 of the instructions) Expenses 20 Unreimbursed employee expenses - job travel, union dues, job Job Expenses education , etc. (You MUST attach Form 2106 in some cases and Most Other 20 See Instructions.) ▶ \_\_\_\_\_\_ Miscellaneous 21 Other expenses (investment, tax preparation, safe deposit box, **Deductions** etc.). List type and amount 🛌 (See page 26 43,434 21 SEE STATEMENT AL..... for expenses to deduct here.) 22 43.434 22 Add the amounts on lines 20 and 21. Enter the total . . . . . . 23 Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the 9.136 298 **▶** 24 24 Subtract line 23 from line 22. Enter the result. If zero or less, enter -0-25 Other (from list on page 26 of Instructions). List type and amount > Other Miscellaneous **Deductions** 26 Add the amounts on lines 4-8, 13, 17, 18, 19, 24 and 25. Enter the total here. Then Desiment issoft LARGER of this total or your standard deduction Deductions enter on Form 1040, line 34. 94,702

from page 17 of the Instructions

Your social security number

GEORGE H.W. & BARBARA P. BUSH

## Schedule B - Interest and Dividend Income

Attachment D8

| rart I<br>nterest   | If you received more than \$400 in taxable interest income, you must complete Parts I an received in Part I. If you received, as a nominee, interest that actually belong to another or paid accrued interest on securities transferred between interest payment dates, see  | r person, er                            | you received                      |    |
|---|--|---|-----------------------------------|----|
| ncome   | Interest income  |   | Amount                            |    |
| See<br>Instructions on<br>Lages 10 and 27.)   | 1 Interest income from seller-financed mortgages. (See Instructions and list name of   | 1                                       |                                   |    |
| -g,   | payer) >   |   |                                   |    |
|   | 2 Other interest income (List name of payer) EQUITABLE LIFE ASSURANCE SOC  |   | 420                               |    |
|   | OCEAN NATIONAL BANK  | <b>-</b> 1                              | 311                               |    |
|   | PRES. & MRS. BUSH BLIND TRUST 52-6224648   |   | 16,608                            |    |
|   | WHITE HOUSE FEDERAL CR. UNION  | ] [                                     | 73                                |    |
| ote: If you<br>coived a Form<br>come 1099-OID<br>come a cokerage firm,<br>if the firm's |  | 2                                       |                                   |    |
| ame as the<br>ayer and enter<br>e total<br>lerest shown<br>n that form                  |  |   |                                   |    |
| art II  | 3 Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a   | you must or                             | 17,412<br>pmplete Parts !!<br>27. |    |
| tvidend   | Dividend thcome  |   | Amount                            |    |
| ncome<br>See  | 4 Dividend income (List name of payer - include on this line capital gain distributions,   |   |                                   |    |
| ustractions on  | nontaxable distributions, etc.)  |   |                                   |    |
| ages 10 and 27.)  | PRES.& MRS. BUSH BLIND TRUST 52-6224648  |   | 9,997                             |    |
|   |  |   |                                   |    |
|   |  |   |                                   |    |
|   |  |   |                                   |    |
| icte: il you<br>eceived a Form  |  |   |                                   |    |
| 099-DIV from a  |  |   |                                   |    |
| rokerage firm,<br>st the firm's   |  | _                                       |                                   |    |
| ame as the  |  |   |                                   |    |
| ayer and enter  | S Add the amounts on line 4. Enter the total here  | 5                                       | 9,997                             |    |
| ne total<br>Invidends shown   | 6 Capital gain distributions. Enter here and on Schedule D.4   |   |                                   |    |
| n triat form.   | e Capital gail distributions. Ellips letter and all solutions at   |   |                                   |    |
|   | The state of the s | 8                                       | Market State                      |    |
|   | 8 Add the amount on lines 6 and 7. Enter the total here  | 9                                       | 9,997                             |    |
|   | 9 Subtract line 5 from line 5. Enter the result here and on Form 1040, kne 9   | •                                       |                                   |    |
|   | * If you received capital gain distributions but do not need Schedule 0 to report any off  | nergaunsori                             | OSS68, 266 (D6                    |    |
|   | Incompany for Engage 1040 lines 10 and 14  |   |                                   |    |
|   | Instructions for Form 1040, lines 13 and 14.   |   | 1 1                               | No |
|   | Instructions for Form 1040, lines 13 and 14.  If you received more than \$400 of Interest or dividends, OR if you had a foreign account granter of, or a transferor to, a foreign trust, you must answer both questions in Part i  | int o <del>r were</del> a<br>III.       | Yes                               | _  |
| oreign<br>cccounts  | If you received more than \$400 of Interest or dividends, OR if you had a foreign accou-<br>grantor of, or a transferor to, a foreign trust, you must answer both questions in Part i  | II.                                     | Yes                               |    |
| oreign<br>Accounts<br>and   | If you received more than \$400 of Interest or dividends, OR if you had a foreign accoung rantor of, or a transferor to, a foreign trust, you must answer both questions in Part if the Atlany time during 1989, did you have an interest in or a signature or other authority over  | ill.<br>er a financial                  | account Yes                       |    |
| oreign<br>Accounts<br>Ind<br>Oreign   | If you received more than \$400 of Interest or dividends, OR if you had a foreign accoungranter of, or a transferor to, a foreign trust, you must answer both questions in Part if  10a. At any time during 1989, did you have an interest in or a signature or other authority over in a foreign country (such as a bank account, securities account, or other financial account.)  | it.<br>er a financial<br>punt)? (See p  | yes<br>account<br>age 27 of       | X  |
| Foreign<br>Accounts<br>and<br>Foreign<br>Frusts   | If you received more than \$400 of Interest or dividends, OR if you had a foreign account grantor of, or a transferor to, a foreign trust, you must anawar both questions in Part if to a Atlany time during 1989, did you have an interest in or a signature or other authority over in a foreign country (such as a bank account, securities account, or other financial account, instructions for exceptions and filing requirements for Form TD F 90-22.1.)  | ill.<br>er a financial<br>punt)? (See p | Yes<br>account<br>age 27 of       | ×  |
| oreign<br>Accounts<br>Ind<br>Foreign<br>Frusts<br>See<br>Instructions                   | If you received more than \$400 of Interest or dividends, OR if you had a foreign account grantor of, or a transferor to, a foreign trust, you must answer both questions in Part if  10a. At any time during 1989, did you have an interest in or a signature or other authority over in a foreign country (such as a bank account, securities account, or other financial account the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)  | ill.<br>er a financial<br>punt)? (See p | yes account age 27 of             | X  |
| Part III Foreign Accounts and Foreign Trusts (See Instructions on page 27.)             | If you received more than \$400 of Interest or dividends, OR if you had a foreign account grantor of, or a transferor to, a foreign trust, you must anawar both questions in Part if to a Atlany time during 1989, did you have an interest in or a signature or other authority over in a foreign country (such as a bank account, securities account, or other financial account, instructions for exceptions and filing requirements for Form TD F 90-22.1.)  | er a financial<br>ount)? (See p         | yes account age 27 of             | X  |

## SCHEDULE D

Capital Gains and Losses

(and Reconciliation of Forms 1099-B)

➤ Attach to Corm 1040.

➤ See Instructions for Schedule D (Form 1040).

1 OMB No. 1545-0074

1989

| (Louis        | Q-to)    |         |
|---------------|----------|---------|
| Department    | of the T | reasury |
| Internal Revi | eque Se  | NGB     |

Name(s) as shown on Form 1040

> For more space to list transactions, get Schedule D (Form 1940).

Attachment Sequence No. 12A Your social security number

|  | ort here, the total sales of stocks, bonds, o  | BUSH<br>etc., reported for  | 1989 to you of<br>a total of lines   | i Form(s) 1099-B ol<br>2c and 9c. column   | r on An<br>(ď),                       |  |  |  |
|--|--|---|--|--|---------------------------------------|--|--|--|
| Attec  | valent substitute statement(s), it this amount a statement explaining the difference. S  | See the instruction   | s for line 1 for   | examples   |                                       |  | 111  |  |
| rt 1   | Short-term Capital Gains and Losses  | s - Assats Held (   | One Year or L  | 489  | (e) Cost or ather                     | 1  | m LOSS                                     | (p) GAIN   |
|  | (a) Description of property<br>(Example: 100 shares 7%   | (b) Cate<br>Acquired<br>(Mo., day, yr.)   | (C) Date sold<br>(Mo., day, yt.)   | (d) Sains price (see<br>instructions)  | peris (100 g)                         | If (a  | ) is more than (d),<br>btract (d) from (e) | H (d) is more than (i<br>subtract (e) from (i    |
| a 510  | cks, Bonds, and Other Securities (Inch   | ude all Form 109  | 9-B transactio   | ons. See Instruction   | ns.)                                  | 1  |  |  |
|  |  |   | <u> </u>   | <u> </u>   |                                       | <b>-</b>   |  |  |
|  |  |   | <u> </u>   | <u> </u>   |                                       | <del> </del>   | -,   |  |
|  |  |   | <del>                                     </del>   | <del> </del>   | <del> </del>                          | +  |  |  |
|  |  |   | 1_1_   | <del> </del>   |                                       | $\dagger$  |  |  |
|  |  |   | <del>                                     </del>   |  |                                       |  |  |  |
|  |  |   | <del>                                     </del>   | <del></del>  |                                       | ~  |  |  |
|  |  | <del></del>   | <del></del>  | <del>-</del>   |                                       |  |  |  |
|  |  |   |  | <del> </del>   | 1                                     | _  |  |  |
| 2b A   | mounts from Schedule D-1, line 25 (affac   | h Schedule D-1)   | 2c þ   | <u> </u>   |                                       |  |  |  |
|  | ital (add column (d) of lines 2a and 2b).  | <u> </u>  |  |  |                                       | 1  |  | 11 1   |
| 2d O   | ther Transactions (include Real Estate<br>ransactions From Forms 1099-5)   |   | <del></del>  |  |                                       | _  |  | 1  |
| -  |  |   |  | <del> </del>   | <del> </del> -                        | -  |  | <del>                                     </del> |
|  |  |   |  | <del></del>  | <del> </del>                          |  | <del></del>                                |  |
|  |  |   | .1   | <u> </u>   |                                       | iė.  |  |  |
| Sh   | ort-term gain from sale or exchange of your term gain from installment sales from  | our home from Fo  | rm 2119, lines   | 88 DI 14   |                                       | 1 10   |  |  |
|  | ort-term capital loss carryover<br>or all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colui  | nd 2d and lines 3<br>mns (f) and (g) of   | through 6 in c   | olumns (f) and (g)   | <u> </u>                              |  | -8.12 <u>1</u>                             |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colum   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne   | of all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colu-<br>tiono-term Capital Gains and Loss:   | nd 2d and lines 3<br>mns (f) and (g) of<br>ea - Assets Held   | Inrough 6 in C<br>line 7   | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ad<br>Ne<br>Part I   | d all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colur<br>Long-term Capital Galns and Loss<br>ocks, Bonds, and Other Securities (Inc  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held llude all Form 10   | Inrough 6 in colone 7  | olumns (f) and (g)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Add Ne Part I I I I I I I I I I I I I I I I I I I  | d all of the transactions on lines 2a, 2b at the short-term gain or (loss), combine coluing Long-term Capital Galns and Loss locks, Bonds, and Other Securities (Inc. 4 columns from Schedule D-1, line 9b (attails).  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  | Inrough 6 in colone 7  | ons Year   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Ada Ne<br>Part I<br>Part Si  | d all of the transactions on lines 2a, 2b at<br>it short-term gain or (loss), combine colur<br>Long-term Capital Galns and Loss<br>ocks, Bonds, and Other Securities (Inc  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  | Inrough 6 in colline 7   | olumns (f) and (g) One Year Jons. See Instruct   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 7 Ad 6 Part I Pa | d all of the transactions on lines 2a, 2b at a short-term gain or (loss), combine coluit short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. virounts from Schedule D-1, line 9b (attail (add column (d) of lines 9a and 9b) Other Transactions (Include Real Estate  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 6 in colline 7   | olumns (f) and (g) One Year Jons. See Instruct   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 7 Ad 6 Part I Pa | d all of the transactions on lines 2a, 2b at a short-term gain or (loss), combine coluit short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. ocks, Bonds, Bond | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 6 in colline 7   | olumns (f) and (g) One Year Jons. See Instruct   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 96 / 96 1  | d all of the transactions on lines 2a, 2b at a short-term gain or (loss), combine coluit short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. virounts from Schedule D-1, line 9b (attail (add column (d) of lines 9a and 9b) Other Transactions (Include Real Estate  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 6 in colline 7   | olumns (f) and (g) One Year Jons. See Instruct   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 7 Ad 6 Part I Pa | d all of the transactions on lines 2a, 2b at a short-term gain or (loss), combine coluit short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. virounts from Schedule D-1, line 9b (attail (add column (d) of lines 9a and 9b) Other Transactions (Include Real Estate  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 6 in colline 7   | olumns (f) and (g) One Year Jons. See Instruct   | · · · · · · · · · · · · · · · · · · · |  |  | -8,1   |
| 7 Ad 6 Part I Pa | d all of the transactions on lines 2a, 2b at a short-term gain or (loss), combine coluit short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. virounts from Schedule D-1, line 9b (attail (add column (d) of lines 9a and 9b) Other Transactions (Include Real Estate  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 6 in colline 7   | olumns (f) and (g) One Year Jons. See Instruct   | · · · · · · · · · · · · · · · · · · · |  |  |  |
| 7 Add 3 Ne 9 Part I 9 3 Si   | d all of the transactions on lines 2a, 2b all the transactions on lines 2a, 2b all the transactions of lines 2a, 2b all the transactions and Court I complete the Capital Galins and Loss ocks, Bonds, and Other Securities (Incompute Securities (Incompute Securities (Incompute Securities (Incompute Securities (Incompute Securities (Incompute Securities Securities Securities Securities (Incompute Securities  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 5 in colone 7  More Than Constant 1  In a second se       | Dona Year Jons. See Instruct   | ons.)                                 | 10   |  |  |
| 9b / 9c 1  | d all of the transactions on lines 2a, 2b at short-term gain or (loss), combine coluit short-term gain or (loss), combine coluit.  Long-term Capital Gains and Loss ocks, Bonds, and Other Securities (Inc. ocks, Bonds, Bon | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L L L L L L L L L L L L L L L L L L   | Inrough 5 in colored from 2 in | Dona Year Jons. See Instructi  See Instructi  See See Instructi  S | ons.)                                 | 10   |  | -8,1   |
| 9b / 9c 1 2d (   | d all of the transactions on lines 2a, 2b at tighort-term gain or (loss), combine coluit tighort-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Incomounts from Schedule D-1, line 9b (attained and Catal (add column (d) of lines 9a and 9b).  Other Transactions (Include Real Estate Transactions From Forms 1099-S)  Ong-term gain from installment sales from et long-term gain from installment sales from et long-term gain or (loss) from partners!   | and 2d and lines 3 mns (f) and (g) of ea - Assets Held liude all Form 10  L  L  L  L  L  L  L  L  L  L  L  L  L   | Inrough 5 in colone 7.  More Than Construction 1.  More Than Construction 1 | Day Year Jons. See Instruct  See Instruct  See Instruct  Arios.  | ons.)                                 | 10 11 12   |  | -8,1   |
| 96 / 96 / 96 / 96 / 96 / 96 / 96 / 96 /  | d all of the transactions on lines 2a, 2b at it short-term gain or (loss), combine coluit. Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. ocks, Bonds, Bo | and 2d and lines 3 mns (f) and (g) of ea - Assets Held liude all Form 10  L L  L L  Inch Schedule D-1  Form 6252, line hips, S corporation                                    | Inrough 5 in colline 7.  More Than Copy—B transact  I I I I I I I I I I I I I I I I I I I  | Dona Year Jons. See Instruct  See Instruct  See Instruct  Aries  | ons.)                                 | 10 11 12 12 13   |  | -8,1   |
| 96 / 96 / 96 / 96 / 96 / 96 / 96 / 96 /  | d all of the transactions on lines 2a, 2b at the short-term gain or (loss), combine coluit the short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. and Other Securities (Inc. and Italian (Inc. and Italian (Inc. and Italian (Inc. and Italian | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  L L  L L  J  J  J  J  J  J  J  J  J  J  J  J  J   | Inrough 5 in colline 7.  More Than Constant Cons | Dona Year Jons. See Instruct  s 8a, 10 or 14.  | ons.)                                 | 10 11 12 13 11 14  |  | -8,1   |
| 96 / 96 / 96 / 96 / 96 / 96 / 96 / 96 /  | d all of the transactions on lines 2a, 2b all tishort-term gain or (loss), combine coluit tishort-term gain or (loss), combine coluit. Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. ocks, Bonds, and Other Securities 9a and 9b) Other Transactions (Include Real Estate Fransactions From Forms 1099-S) ong-term gain from sale or exchange of yong-term gain from installment sales from ot long-term gain or (loss) from partners! apital gain distributions Inter gain from Form 4797, lines 7 or 9  | nd 2d and lines 3 mns (f) and (g) of ea - Assets Held lude all Form 10  LLL LLL LLL LLL LLL LLL LLL LLL LLL   | through 5 in colline 7.  More Than Constant I have a second in the colline in the | ona Year Jons. See Instruct  s 8a, 10 or 14.   | ons.)                                 | 10 III III III III III III III III III I                 | -45  | -8,1<br>-44,                                     |
| 96 / 96 / 96 / 96 / 96 / 96 / 96 / 96 /  | d all of the transactions on lines 2a, 2b at the short-term gain or (loss), combine coluit the short-term gain or (loss), combine coluit Long-term Capital Galns and Loss ocks, Bonds, and Other Securities (Inc. and Other Securities (Inc. and Italian (Inc. and Italian (Inc. and Italian (Inc. and Italian | and 2d and lines 3 mns (f) and (g) of as - Assets Held liude all Form 10 in the liude all Form 10 in the Schedule D-1 in Form 6252, line hips, S corporation and 9d and lines | through 5 in colored from 2.119, the 22 or 30 ins, and fiducial to through 15  | boumns (f) and (g)  Dos Year  Jons. See Instruct  See Instruct  See Instruct  Anies  In columns (f) and  | ons.)                                 | 10 11 12 13 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | -45<br>-45                                 | -8,1<br>-44,                                     |

Note: The amount on fine 45 should be the same as the total barrenng income on all Forms 1099-B and equivalent statements received

(11) - vi

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service

## Supplemental Income Schedule

(From rents, royalties, partnerships, estates, trusts, REMICs. etc.) ► Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1989 Attachment Sequence No. 13

Schedule E (Form 1040) 1989

Hamela) as shown on raturn

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Your social accumity number GEORGE H.W. & BARBARA P. BUSH Part 1 Income or Losa From Rentals and Royalties Caution: Your rental loss may be limited. See Instructions. Yes No 2. For each rental property listed on line 1, did you or 1 Show kind and location of each rental property: nartt etom to' aecognuq lanocheg to it ecu ylimat Ā ABOOK -- LOOKING FORWARD the greater of 14 days or 10% of the total days ranted В ¢ at fair rental value during the tax year? For each rental real extate property listed on line 1, A did you actively participate in its operation during the 8 C tax year? (See instructions) Totals Properties. Rental and Revally Income (Add columns A, B, and C) C В Ā 28,563 5 28,563 Rental and Royalty Expenses 6 7 8 Cleaning and maintenance . . . 8 14,281 9 10 11 11 Legal and other professional lees . . . 12 Mortgage interest paid to banks. 12 12 etc. (see Instructions) . . . . . . . . . . 13 13 Other interest . . . . . . . . . . . . . . . . 14 15 15 17 17 Utilities (see instructions) . . . . . . . 18 19 Other (list) 19 14.281 20 14,281 20 20 Add lines 6 through 19 . . . . . 21 Depreciation expense or depletion 21 21 (see instructions) 14,281 22 22 Total expenses. Add lines 20 and 21 23. Income or (loss) from rental or royalty properties. Subtract line 22 from line 4 (rents) or line 5 (royalues). If the result is a (loss), see instructions to find out if you 14.282 23 must file Form 6198 . . . . 24 Deductible rental loss, Caution: Your rental loss on line 23 may be limited. See Instructions to find out if you must file Form 6582 . . . . 14,282 25 25 Profits. Addirental and royalty profits from line 23. Enter the total income here . 26 26 Losses, Add royalty losses from line 23 and rental losses from line 24. Enter the total losses here 14,282 27. Combine amounts on lines 25 and 26, and enter the net income or (loss) here. . . . . . 28 28 Not farm rantal income or (loss) from Form 4835. (Also complete line 43 on page 2.) 29 Total rental or royalty income or (loss). Combine amounts on lines 27 and 28. Enter the result here. If Parts II, III, and IV on page 2 do not apply to you, enter the amount from line 29 on Form 1040, line 18. 14,282 Otherwise include the amount from line 29 in the total on line 42 on page 2

43

43 Farmers and fishermen: Enter your gross farming and fishing income

reported in Paris I, II, and III (see Instructions)

----

## 

Underpayment of Estimated Tax by Individuals and Fiduciaries

1989

Identifying number

OMB No. 1545-0140

Department of the Treasury Internal Revenue Service

Mamela) as shown on tax return

► Ses separate Instructions Attach to Form 1040 or Form 1041 Attachment Sequence No. 44

GEORGE H.W. & BARBARA P. BUSH Note: In most cases, IRS can figure the penalty for you and you do not have to complete this form. See the separate instructions for more information. Part 1 Figuring Your Underpayment 101,382 Enter your 1989 tax after credits (from Form 1040, line 47; or Form 1041, Schedule G, line 4) . . . . 1 101.382 3 propagation and the Carl II Chaidhne a Le 8 101,382 Maria de la serie de la companya de O., 64, Multiply line 7 by 90% (.90) . . . . Withholding taxes from 1989 Form 1040, lines 56 and 60 (or Form 1041, line 24e). (Include any credit 55,154 Subtract line 9 from line 7. If the result is loss than \$500, do not complete or file this form. You do not owe the 46.228 10 62,106 11 62,106 If line 8 is equal to or more than line 12, do not complete or file this form. You do not owe the penalty. Payment Due Dates Divide line 12 by four (4) and enter the result in each (d) (c) (b) (\*) column. However, if you use the annualized income Jan. 15, 1990 Sept. 15, 1969 June 15, 1989 Apr. 15, 1989 installment method, complete the worksheet in the instructions and enter the amount from line 26 of that worksheet in each column of line 13. Also check this 15.525 15.527 15,527 15.527 and attach a copy of the worksheet. 13 bor > Complete lines 14 through 21 for one corumn before completing the next column. Estimated tax paid and tax withheld. (See instructions.) For column (a) only, also enter the amount from line 14 41,787 28,789 13,789 13.789 14 If line 14 is equal to or more than line 13 for all payment periods, do not complete or file this form unless you checked the box on line 13. 9.786 524 13.262 15 Enter amount, if any, from line 21 of previous column . 51,573 25,313 27.051 16 Add amounts on lines 19 and 20 of the previous column 17 and enter the total. Subtract line 17 from line 16, ft zero or less, enter zero. 51,573 27.051 25.313 28,789 18 For column (a) only, enter the amount from line 14 . . . Remaining underpayment from previous period. If the amount on line 18 is zero, subtract line 16 from line 17 19 and enter the result. Otherwise, enter zero 20 UNDERPAYMENT. If line 13 is more than or equal to line 18, subtract line 18 from line 13. Then go to line 14 of next column. Otherwise go to line 21 20 21 OVERPAYMENT, If line 18 is more than line 13, subtract 36,048 11.524 9,786 13,262 line 13 from line 18. Then go to line 14 of next column 21 Go to Part II on the back to figure the penalty

Part E Figuring the Penalty (Complete lines 23b - 24c of one column before completing the next column.)

|   |     |                      | Payment D            | ue Dates              |                      |
|---|-----|----------------------|----------------------|-----------------------|----------------------|
|   |     | (a)<br>Apr. 15, 1989 | (b)<br>June 15, 1989 | (c)<br>Sept. 15, 1989 | (d)<br>Jan. 15, 1990 |
| Underpayment from line 20, page 1   | 22  |                      |                      |                       |                      |
| Rate period 1 = 12%  (April: 15, 1989 - September 30, 1989)  a Computation starting date for this period /                          | 234 | Apr. 15, 1989        | June 15, 1989        | Sept. 15, 1989        |                      |
| b Number of days FROM the date on line 23a TO the date the amount on line 22 was paid or Sept. 30, 1989, whichever is earlier.      | 23b | Days:                | Days:                | Days:                 |                      |
| c Number of days on line 23b x inderpayment on 365 time 22 (see instructions) ▶   | 23c | \$                   | s                    | s                     |                      |
| Rate period 2 - 11%<br>(October 1, 1989 - April 15, 1990)   |     |                      |                      |                       |                      |
| 4 Computation starting date for this period   | 24a | Sept. 30, 1989       | Sept. 30, 1989       | Sept. 30, 1989        | Jan. 15, 1990        |
| b Number of days FROM the date on line 24a TO the date<br>the amount on line 22 was paid or Apr. 15, 1990,<br>whichever is earlier. | 24b | Days:                | Days:                | Days:                 | Days:                |
| c Number of days on line 24b x 11% x underpayment on 365 x line 22 (see instructions) ▶   | 240 | \$                   | s                    | 3                     | \$                   |

## Form 2106

Employee Business Expenses

► See separate instructions.

1 OMB No. 1545-0139

1989

Attachment Sequence No. 54

Department of the Treasury Internal Revenue Service

► Attach to Form 1040.

Occupation in which expenses were incurred Social Security Number PRESIDENT GEORGE H.W. BUSH

| STEP 1 Enter Your Expenses   |                | Column A Other Than Meals | Column 8  Meste and  Entensinment |            |             |  |
|--|----------------|---------------------------|-----------------------------------|------------|-------------|--|
|  | <del> </del> - | and Entertainment         |                                   |            | 180a f      |  |
| 1 Vehicle expense from Part II, line 28 or line 35   | 1_             |                           |                                   |            |             |  |
| 2 Parking tees, tolls, and local transportation, including train, bus, etc.  | 2              |                           |                                   |            |             |  |
| 3 Travel expense while away from home, including ledging, surplane, car rental, etc. Do not include meals and entertainment.   | 3              | 402                       |                                   |            |             |  |
| Business expenses not included in lines 1 through 3. Do not include meals and entertainment  | 4              |                           |                                   |            |             |  |
| 5 Meals and entertainment expenses. (See Instructions.)  | 5              |                           | _                                 | 663        |             |  |
| 6 Add lines 1 through 5 and enter the total expenses here  | 6              | 402                       |                                   | 663        |             |  |
| Note: If you were not reimbursed for any expenses in Step 1, akip lines  |                | <del></del>               | lloe &                            | on line 10 |             |  |
| 7 Enter amounts your employer gave you that were not reported to you on Form W-2 (see Instructions).  8 Enter amounts your employer gave you for expenses listed in Step 1 that were aeparately identified on Form W-2 as employee business expenses. (Do not include any amounts that were reported to you as | 7              | 1,816                     | 1                                 | 663        |             |  |
| wages in Box 10 of Form W-2.) (See Instructions.)  Add the amounts on lines 7 and 8. Enter the folul here  | 9              | 1,816                     | _                                 | 663        |             |  |
| STEP 3 Figure Expenses To Deduction Schedule A (Form 1040)   |                |                           |                                   |            | <del></del> |  |
| 0 Subtract line 9 from line 6  | 10             | -1,414                    |                                   |            |             |  |
| Note: If both columns of line 10 are zero, stop hera. If Column A is less than zero, report the amount as income. See the separate instructions for how to report.   |                |                           |                                   |            |             |  |
| 11 Enter 20% (,20) of line 10. Column B  | 11             |                           |                                   | 1          | -           |  |
| 12 Subtract line 11 from line 10.  | . 12           |                           |                                   | <u> </u>   | _           |  |
| 13 Add the amounts on line 12 of both columns and enter the total here. Also<br>A (Form 1040), line 20. (Qualified performing artists and handicapped en<br>special rules on where to enter the total.)  |                |                           | <b>▶</b> 13                       |            |             |  |

For Paperwork Reduction Act Notice, see Instructions.

Form 2106 (1969)

Bank for degreeation Total Mathod of figuring Depreciation deduction Section 178 expense (Business use only - see column (d) + column (s) (enter in Sec. C, kno 34) Cost or other basis dispraciation instructions (E) fet 451 14.) 36 Vehicle 1 37 Vahicle

|  | STATEMENT A-1  |   |
|--|--|---|
|  | == STATE AND LOCAL TAXES PAID =======  |   |
|  |  | 2,479   |
| STATE AND LOCAL  | INCOME TAXES   |   |
|  | TOTAL STATE & LOCAL TAXES PAID CARRIED TO SCHEDULE A, LINE 5   | 2,479   |
|  | ===== OTHER TAXES EXPENSE ========   |   |
| PERSONAL PROPER  | TY TAXES   | 207   |
|  | TOTAL OTHER TAXES EXPENSE CARRIED TO SCHEDULE A, LINE 7  | 207   |
|  | === PERSONAL INTEREST EXPENSE =======  |   |
| PERSONAL INTERI  | CST  | 1,622   |
|  | TOTAL PERSONAL INTEREST EXPENSE CARRIED TO SCHEDULE A, LINE 12A  | 1,622   |
|  | CONTRACTORS CO DOM LIMIT   |   |
| VARIOUS ORGANI   |  | 37,272<br>594   |
|  | ZED CHARITIES  | 37,272  |
| VARIOUS ORGANI:<br>FROM ESTATE/TR  | ZED CHARITIES<br>JST 52-6224648<br>TOTAL   | 37,272<br>594<br>37,866   |
| VARIOUS ORGANI: FROM ESTATE/TRU  | ZED CHARITIES  JST 52-6224648  TOTAL  INCLUDED IN SCH. A, LINE 14  | 37,272<br>594<br>37,866   |
| VARIOUS ORGANI:<br>FROM ESTATE/TR  | ZED CHARITIES  JST 52-6224648  TOTAL  INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  | 37,272<br>594<br>37,866<br>OR ====================================  |
| VARIOUS ORGANI: FROM ESTATE/TRU  ======== MISC: SALARY PAYROLL TAXES- OFFICE SUPPLIE   | TOTAL INCLUDED IN SCH. A, LINE 14 ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO EMPLOYEE S/MISC EXPENSE   | 37,272<br>594<br>37,866<br>FOR ==================================== |
| VARIOUS ORGANI: FROM ESTATE/TRU  ========= MISC: SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R   | TOTAL INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION   | 37,272<br>594<br>37,866<br>FOR ==================================== |
| VARIOUS ORGANI: FROM ESTATE/TRU  ======== MISC: SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA   | TOTAL  INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS   | 37,272<br>594<br>37,866<br>OR ====================================  |
| VARIOUS ORGANI: FROM ESTATE/TRO  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX   | TOTAL  INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS  ADVICE/OTHER MATTERS   | 37,272<br>594<br>37,866<br>FOR ==================================== |
| VARIOUS ORGANI: FROM ESTATE/TRO  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX FEES & SEC. 21  | TOTAL INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS ADVICE/OTHER MATTERS 2 EXP THROUGH PRESIDENT   | 37,272<br>594<br>37,866<br>OR ====================================  |
| VARIOUS ORGANI: FROM ESTATE/TRU  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX FEES & SEC. 21 AND MRS. GEO                                       | TOTAL  INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS  ADVICE/OTHER MATTERS   | 37,272<br>594<br>37,866<br>FOR ==================================== |
| VARIOUS ORGANI: FROM ESTATE/TRU  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX FEES & SEC. 21 AND MRS. GEO TRUST                                 | TOTAL INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS ADVICE/OTHER MATTERS 2 EXP THROUGH PRESIDENT  RGE BUSH QUANTIED BLAND  | 37,272<br>594<br>37,866<br>OR ====================================  |
| VARIOUS ORGANI: FROM ESTATE/TRU  ========= MISC.  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX FEES & SEC. 21 AND MRS. GEO TRUST TAX PREPARATIO | TOTAL INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS ADVICE/OTHER MATTERS 2 EXP THROUGH PRESIDENT RGE BUSH QUANTIED BLAND   | 37,272<br>594<br>37,866<br>OR ====================================  |
| VARIOUS ORGANI: FROM ESTATE/TRI  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX FEES & SEC. 21 AND MRS. GEO TRUST TAX PREPARATIO MOVING EXPENSE   | TOTAL INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS ADVICE/OTHER MATTERS 2 EXP THROUGH PRESIDENT RGE BUSH QUANTIED BLAND N FEESBUSINESS PORTION                  | 37,272<br>594<br>37,866<br>FOR ==================================== |
| VARIOUS ORGANI: FROM ESTATE/TRI  SALARY PAYROLL TAXES- OFFICE SUPPLIE FED EXP CHGS R CLUBS-CHRISTMA LEGAL FEES-TAX FEES & SEC. 21 AND MRS. GEO TRUST TAX PREPARATIO MOVING EXPENSE   | TOTAL INCLUDED IN SCH. A, LINE 14  ELLANEOUS DEDUCTIONS SUBJECT TO 2% FLO  EMPLOYEE S/MISC EXPENSE E TAX INFORMATION S GIFT FUNDS ADVICE/OTHER MATTERS 2 EXP THROUGH PRESIDENT RGE BUSH QUANTIED BLAND  N FEESBUSINESS PORTION LYWOOD LPG NO.2 | 37,272<br>594<br>37,866<br>OR ====================================  |

GEORGE H.W. & BARBARA P. BUSH

| 我我是是我你是是我们就是是我们 不见  | SUMMARY OF      | RENTS AND ROY              | ALTIES =====     | ************************************** | · 生宝丝字写字与二章1  |
|---------------------|-----------------|----------------------------|------------------|--|---------------|
| PROPERTY NO.        | GROSS<br>INCOME | DEPLETION,<br>DEPRECIATION | OTHER<br>EXPENSE | NET<br>LOSS                            | NET<br>PROFIT |
| NO. 1 T (royalty)   | 28,563          |                            | 14,281           |  | 14,282        |
| TOTALS:             | 28,563          |                            | 14,281           |  |               |
| SCH. E, LINE 25: TO | TAL FROM PR     | OPERTIES WITH              | PROFITS          |  | 14,282        |
| SCH. E. LINE 26: TO | TAL FROM PR     | OPERTIES WITH              | LOSSES           | 0                                      |               |

4 46

|                 | = STATEMENT OF | WAGES   | AND | SALARY       | INCOME | =====  |                      |
|-----------------|----------------|---------|-----|--------------|--------|--------|----------------------|
| T/S NAME OF EN  | MPLOYER        |         |     | GROS<br>WAGI |        | CA TAX | FED. TAX<br>WITHHELD |
| T THE WHITE HO  | JSE            |         |     | 189,16       | 57     | 3,605  | 53,275               |
| T UNITED STATES | S SENATE       |         |     | 6,22         | 29     | 468    | 1,411                |
| T EXCESS REIMB  | ursement - for | 1 2106  |     | 1,4          | 14     |        |                      |
|                 |                | TOTA    | LS  | 196,8        | 10     | 4,073  | 54,686               |
|                 | E              | KCESS F | ICA | - TAXPA      | YER    | 468    |                      |

HALL THE S

| Control number   0MB No 1545 0006   | 3 Employer's identification number                       | 14 Employer's State I D number                                     |
|---|--|--|
| Employer's name address, and ZIP code The White House Office of Administration Financial Management Division Room 4005, NEOB, 725 17th Street, NW | 5 Statutors Deceased Pension Legal etc mplovee Blain etc | 947 Subtoral Deterrection Voice compensation 7 Advance EIC payment |
| Washington, D.C. 20503  Employee's social security number 9 Federal income tax withheld \$53,274.64   | 10 Wages 1605 other compensation \$189,166.67            | 11 Social security tax withheld<br>\$3,604.80                      |
| George H. W. Bush   | 13 Social security wages<br>\$48,000.00                  | 16a Frange benefits incl. in Box 10                                |
| The White House<br>Washington, D.C. 20500   | 17 State income tax 18 State                             | wages typs etc. 19 frame of state                                  |
|   | 20 Local income fai 21 Local                             | mages Lips etc   22 Name of locality                               |

į

|   | <u> </u>                               |                                       |  | WAGE AND TAX S   |                       |
|---|--|---------------------------------------|--|--|-----------------------|
| en l'en la                | 53-6002558<br>UNITED STA<br>DISBURSING | TES SENATE                            | <i>*</i>                                 | Copy B To be<br>ifiled with employee<br>FEDERAL tax return | S and sepreprise Sie  |
| Lighter or grant Elliness  prof. 6 octors all after recorded. | ROOM SH-12                             | 7 HART SENATE (<br>ON, D.C. 20510-710 | 4  | ·<br>·   | 4 Total Scota         |
| Employee I socia sec  | unte 1                                 | eoersi viconie las erinneio           | 2 mileges lies and<br>2 mileges lies and | 3 Social Security<br>employee tax withheir                 | Sacurity wayes        |
| N/mpe   | '                                      | 1,411.18                              | 6,229.15                                 |  | 6,229-15              |
| GEORGE BUSH<br>UNITED STATES SENATE                           |  |                                       | h State or local mages                   | 9 State or locarity  |                       |
| MYZHINE   | TCN .                                  | DC 20510                              | I State or lines has wind                | 11 State or Kick wages                                     | 112 State or totality |

## GEORGE H. W. AND BARBARA P. BUSH 1989 CHARITABLE CONTRIBUTIONS

| Ducks Unlimited Foundation<br>Long Grove, IL   | \$<br>200 |
|--|-----------|
| The Nature Conservancy<br>Arlington, VA  | 50        |
| 1st Congregational Church<br>Kennebunkport, ME   | 500       |
| St. Ann's Episcopal Church<br>Kennebunkport, ME  | 100       |
| St. Martin's Episcopal Church<br>Houston, TX   | 600       |
| Episcopal Church Foundation<br>New York, NY  | 250       |
| Clarke Foundation for the Deaf<br>Northampton, MA  | 100       |
| St. John's Church<br>Washington, DC  | 100       |
| Alcorn State Development<br>Lorman, MS   | 1,000     |
| River Tree Arts<br>Kennebunkport, ME   | 50        |
| Commonwealth of Puerto Rico<br>Ayuda Pro Damnificados<br>de Hurracan Hugo<br>San Juan, Puerto Rico | 1,000     |
| South Carolina Hugo Relief Fund<br>Columbia, SC  | 1,000     |
| American Red Cross<br>Virgin Island Chapter<br>Washington, DC                                      | 1,000     |
| Black Student Fund<br>Washington, DC   | 500       |

#### GEORGE H. W. AND BAREARA P. BUSH 1989 CHARITABLE CONTRIBUTIONS (Continued)

| The Living Bank<br>Houston, TX   | \$<br><b>1</b> 50 |
|--|-------------------|
| The DeBakey Medical Foundation Houston, TX                                     | 500               |
| Sloan-Kettering Institute for Cancer Research<br>Cancer Center<br>New York, NY | 800               |
| Leukemia Society Houston, TX   | 100               |
| United Way<br>Biddeford, ME  | 300               |
| American Red Cross<br>San Francisco, CA  | 1,000             |
| Trustees of Phillips Academy<br>Andover, MA                                    | 1,500             |
| American Red Cross<br>Santa Cruz, CA   | 500               |
| United Negro College Fund<br>New York, NY                                      | 8,141             |
| M. D. Anderson Cancer Center<br>Houston, TX                                    | 7,141             |
| Kennebunkport Conservation Trust<br>Kennebunkport, ME                          | 100               |
| Yale University<br>New Haven, CT<br>Alumni<br>Class of 1948                    | <b>4</b> 00<br>40 |
| Camp David Chapel Fund<br>Chambersburg, PA                                     | 5,000             |

# GEORGE H. W. AND BARBARA P. BUSK 1989 CHARITABLE CONTRIBUTIONS (Continued)

| Maine Medical Center<br>Portland, ME                  |          | \$ | 100    |
|---|----------|----|--------|
| Morehouse School of Medicine Atlanta, GA              |          |    | 1,000  |
| American Red Cross<br>Oakland, CA                     |          |    | 1,000  |
| Philosophical Society of Tex<br>Austin, TX            | as       |    | 50     |
| Portland Museum of Art<br>Portland, ME                |          |    | 100    |
| United Way<br>Houston, TX                             |          |    | 1,000  |
| Combined Federal Campaign<br>Washington, DC           |          |    | 1,000  |
| Star of Hope Mission<br>Houston, TX                   |          |    | 300    |
| Salvation Army<br>Houston, TX                         |          |    | 300    |
| Ashley Hall Foundation<br>Charleston, SC              |          |    | 100    |
| Kennebunkport Village Fire (<br>Kennebunkport, ME     | Co.      |    | 100    |
| Sweetser Childrens Home<br>Saco, ME                   |          |    | 100    |
| e   | UB-TOTAL |    | 37,272 |
| Through President and Mrs. Bush Qualified Blind Trust |          |    | 594    |
|   | TOTAL    | 9  | 37,866 |

#### THE WHITE HOUSE

#### Office of the Press Secretary

For Immediate Release

April 12, 1990

• • • •

#### STATEMENT BY THE PRESS SECRETARY

Under Section 212 of the U.S. Tax Code, the President is allowed to deduct the \$8,000 salary as listed under the Miscellaneous Deductions box on Statement A-1 of his 1989 Tax Return. This deduction has been part of the President's tax returns for the past eight years and has been subject to annual Internal Revenue Service audits over that time.

###

(3/pages)

#### THE WHITE HOUSE

## Office of the Press Secretary

For Immediate Release

April 15, 1991

## STATEMENT BY THE PRESS SECRETARY

The President and Mrs. Bush's 1990 tax return shows that they have paid \$99,241 in Federal Income Tax on an Adjusted Gross Income of \$452,732 of which \$200,000 was the President's salary.

The Bushes also reported \$245,911 in income from their Blind Trust, \$1,245 in interest income and \$8,647 from other sources. The Blind Trust is managed by Bessemer Trust Company, N.A., New York City.

The President and Mrs. Bush claimed \$97,118 in itemized deductions, which included \$38,667 in contributions to 50 charities and \$330 to charities through the Blind Trust. A list of the 50 charities is attached. The net royalties received in 1990 of \$7,042 from the President's book, Looking Forward, were given to charitable organizations included in this list.

The President and Mrs. Bush's tax return has been reviewed by the Office of Government Ethics and will be filed in the Philadelphia Regional Office of the Internal Revenue Service.

2 8 8

|  | U. S. Individual Income Tax Return  | n 1990  |   | <u> </u>  | L AD C   |
|--|---|---|---|---|--|
| bei F  | or the year Jan Dec. 21, 1990, or other tax year beginning  | , 1950, and   | ting  | 19  | OME No. 1545-007                               |
|  | our first name and missal   | Last na ma  |   | Your soc  | ial security number                            |
| ictions (  | SEORGE H.W.   | BUSH  |   |   |  |
|  | Spouse's first name and instal  | Last name   |   | Spouse's  | social security number                         |
| AS MOOL [  | BARBARA P.  | BUSH  |   | <u> </u>  |  |
| ratea  |   |   |   | i i   | acy Act and                                    |
|  | C/O BESSEMER TRUST COMPANY  | ,N.A.   |   | 1 '   | x's Reduction                                  |
| P&.  | 630 FIFTH AVENUE-TAX DEPT   |   |   | Act Hot   | •  |
| idental 📗  |   | 10111   |   | Instructi   |  |
| ction Camp   |   |   | X Yee   | <del></del> -   | te: Checking "Yes" with<br>not sharpe your tes |
| e page 9)  | If joint raturn, does your spouse want \$1 to   |   |   | No  | er reduce your refund.                         |
|  | 1 Single (See page 10 to find out II  |   | sehold.)  |   |  |
| ling Stat  |   |   |   |   |  |
|  | 3 Married filing separate return. Ent   |   |   |   |  |
| neck only  | 4 Head of household (with qualifyin   | -   | the qualitying person is  | your child but  | t not your                                     |
| e box.   | dependent, enter this child's name  S Qualifying widow(er) with depend  |   | 1 ▶ 19 }. (See page 1   | <u> </u>  |  |
|  |   |   |   |   | No. of besse                                   |
| xemption   | 6a X Yourself If your parent (or someon   | ne esse) can craim you as a<br>. Se. But be sure to check th  |   |   | checked on Ma                                  |
| •  | b X Spouse  |   |   | •   | and 5%   |
| isee<br>setructions  | c Decendents (2) Chac   |   |   | No. of menths   | No. of your<br>children on Sc                  |
| structions<br>n page 10.)  | (1) Name (first, what, and last name) age ?   | Espendents  social appoints inumber   | 1 '' 1  | home in 1880  | who:   |
| ·  |   |   |   |   | # Eved with you                                |
|  |   |   |   |   | • dula't live with                             |
|  |   |   |   |   | you due to divorce                             |
| iore than 7<br>lendents,st   |   |   |   |   | page 11]                                       |
| ructions on  |   |   |   |   | No. 41 ather                                   |
| ge 11.   |   |   |   |   | dependents<br>on 4c                            |
|  |   | <u> </u>  |   |   |  |
|  | d if your child didn't has with you but is also as a  | your depandent under a pre-13è  | Sagreement, check here  | ▶ 🛄   | Add numbers<br>entered on                      |
| ,., <del></del>  | Total number of exemptions claimed  |   |   |   | fines shave                                    |
|  | 7 Wages, salaries, tips, etc. (attach Form(s)   |   |   |   | 200,000  |
| ncome  | \$4 Taxable interest income (also strach Sch  |   |   | . ·   <del>**</del>   | 19,848   |
| ttach  | b Tax-exempt interest income (see pg. 13)   |   |   |   | 10,162   |
| opy B of you   |   |   |   |   | 10,104   |
| orms W-2,V<br>nd W-2P he   | <b>7</b> A  |   |   | 10  |  |
|  | 11 ARTIONY received   |   | 1.20 B. 1.5   | 12  |  |
| you do not   | en Combat asia as flower tettach Scharbile Di   | 1 1 1 1   |   | 13  | -3,000   |
| ave a W-2,   | 14 Capital gain distributions not reported on   | •   |   | 14  |  |
| AÇ4 8.   | 15 Other gains or (losses) (attach Form 4797  |   | \-,   | 15  | · · · · · · · · · · · · · · · · · · ·          |
|  | - ' ' 1   |   |   |   |  |
|  | 16a Total IRA distributions 16a   | 165   | Taxable amount (see pa  | ge 14) 16b  |  |
| _  | 17a Total pensions and annuities 17a  |   | Taxable amount (see pa<br>Taxable amount (see pa  | ·   |  |
| _  | V   | 171:  | Taxable amount (see pa  | ge 14) 17b  | 224,793  |
|  | 17a Total pensions and annuities . 17s<br>18 Rents, royalties, partnerships, estates, tru<br>of<br>19 Farm Income or (loss) (attach Schedule F  | sts, etc. (attach Schedule S  | Taxable amount (see pa  | ge 14) 17b  | 224,793  |
| ttach check<br>noney order   | 17a Total pensions and annuities . 17s  18 Rents, royalties, partnerships, estates, tru  or  19 Farm Income or (loss) (attach Schedule F  | sts, etc. (attach Schedule E  | Taxable amount (see pa  | 19 14) 17b  | 224,793  |
|  | 17a Total pensions and annuities . 17s  18 Rents, royalties, partnerships, estates, tru  19 Farm Income or (loss) (attach Schedule F  20 Unemployment compensation (insurance   | sts, etc. (attach Schedule E<br>)<br>) (see page 16)  | Taxable amount (see pa  | 18 16 21b   |  |
| oney order<br>p of any Fo<br>7-2, W-2G,                                  | 17a Total pensions and annuities . 17s  18 Rents, royaltes, partnerships, estates, tru  19 Farm Income or (loss) (attach Schedule F  20 Unemployment compensation (insurance and 21 a Social security benefits  | 17b<br>sts, etc. (attach Schedule E<br>)  | Taxable amount (see pa  | 99 14) 17b<br>18<br>19<br>20<br>190 16) 21b<br>NT 22        | 1,000  |
| oney order<br>p of any Fo<br>7-2, W-2G,                                  | 17a Total pensions and annuities . 17s  18 Rents, royalties, partnerships, estates, tru  19 Farm Income or (loss) (attach Schedule F  20 Unemployment compensation (insurance and 21 a Social security benefits 21a  22 Other income (fist type and amount – see 23 And the amounts sheem in the fer right column to  | sts, etc. (attach Schedule E<br>)<br>) (see page 16)<br>21b<br>page 16)<br>prage 16)  | Taxable amount (see pa<br>Taxable amount (see pa<br>SEE STATEME<br>total Income                     | 99 14) 17b<br>18<br>19<br>20<br>190 16) 21b<br>NT 22        |  |
| oney order<br>p of any Fo<br>-2, W-2G,<br>-2P.                           | 17a Total pensions and annuities . 17s  18 Rents, royalties, partnerships, estates, tru  19 Farm Income or (loss) (attach Schedule F  20 Unemployment compensation (insurance and 21 a Social security benefits   | sts, etc. (attach Schedule E ) ) (see page 16) 21b page 16) present 7 through 22. This is year asheet on page 17 or 18.   | Taxable amount (see pa<br>Taxable amount (see pa<br>SEE STATEME<br>total income                     | ge 14) 17b<br>18<br>19<br>20<br>ge 16) 21b<br>NT 22<br>> 23 | 1,000  |
| oney order<br>p of any Fo<br>-2, W-2G,<br>-2P.                           | 17a Total pensions and annuities . 17g  18 Rents, royaltes, partnerships, estates, tru  19 Farm Income or (toss) (attach Schedule F  19 Unemployment compensation (insurance 20 Unemployment compensation (insurance 21a Social security benefits   | sts, etc. (attach Schedule E ) ) (see page 16)  | Taxable amount (see pa<br>Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a              | ge 14) 17b<br>18<br>19<br>20<br>19c 16) 21b<br>NT 22<br>23  | 1,000  |
| oney order<br>p of any Fo<br>-2, W-2G,<br>-2P,                           | 17a Total pensions and annuities. 17s  18 Rents, royaltes, partnerships, estates, tru 19 Farm Income or (loss) (attach Schedule F 20 Unemployment compensation (insurance 21a Social security benefits. 21a 22 Otthar income (list type and amount – see 23 Ass the amounts sheem in the fer right column to 24s. Your IRA deduction, from applicable with b Seesse's IRA deduction, from applicable workships 25 One-half of self-employment tax (see pa | sts, etc. (attach Schedule E ) ) (see page 16)  | Taxable amount (see pa<br>Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b       | ge 14) 17b<br>18<br>19<br>20<br>ge 16) 21b<br>NT 22<br>> 23 | 1,000  |
| oney order<br>p of any Fo<br>-2, W-2G,<br>-2P,                           | 17a Total pensions and annuities  | sts, etc. (attach Schedule E ) ) (see page 16)  page 16) prises 7 through 12. This is you know 7 through 17 or 18 set on page 17 or 18 set on page 17 or 18 worksheet on page 13                                  | Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b<br>25 7                         | ge 14) 17b<br>18<br>19<br>20<br>19c 16) 21b<br>NT 22<br>23  | 1,000  |
| oney order<br>op of any Fo<br>7-2, W-2G,<br>7-2P.<br>djustme<br>o income | 17a Total pensions and annuities  | sts, etc. (attach Schedule E ) ) (see page 16)  page 16) prines 7 through 12. This is year kisheet on page 17 or 18 set on page 17 or 18 ge 18) worksheet en page 13 d SEP deduction                              | Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b<br>25 7<br>26                   | ge 14) 17b<br>18<br>19<br>20<br>19c 16) 21b<br>NT 22<br>23  | 1,000  |
| ioney order<br>p of any Fo<br>/-2, W-2G,<br>/-2P.<br>djustme<br>o income | 17a Total pensions and annuities. 17s  18 Rents, royalties, partnerships, estates, tru  19 Farm Income or (loss) (attach Schedule F  19 Unemployment compensation (insurance  20 Unemployment compensation (insurance  21 a Social security benefits  | sts, etc. (attach Schedule E ) ) (see page 16)  page 16) prines 7 through 12. This is year kisheet on page 17 or 18 set on page 17 or 18 ge 18) worksheet en page 13 d SEP deduction                              | Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b<br>25 7<br>26<br>27             | ge 14) 17b<br>18<br>19<br>20<br>ge 16) 21b<br>NT 22<br>23   | 1,000  |
| oney order<br>op of any Fo<br>/-2, W-2G,<br>/-2P.                        | 17a Total pensions and annuities. 17s  18 Rents, royalties, partnerships, estates, tru 19 Farm Income or (loss) (attach Schedule F 20 Unemployment compensation (insurance and 21 a Social security benefits  | sts, etc. (attach Schedule E ) ) (see page 16)  page 16) prones 7 through 22. This is year safeet on page 17 or 18 set on page 17 er 18 ge 18) worksheet on page 1.1 d SEP deduction                              | Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b<br>25 7<br>26<br>27<br>28       | ge 14) 17b 18 19 20 19 16) 21b NT 22 1                      | 1.000<br>452,803                               |
| ioney order<br>p of any Fo<br>/-2, W-2G,<br>/-2P.<br>djustme<br>o income | 17a Total pensions and annuities. 17s  18 Rents, royalties, partnerships, estates, tru  19 Farm Income or (toss) (attach Schedule F  20 Unemployment compensation (insurance  21 a Social security benefits   | 17h sts, etc. (attach Schedule E ) ) (see page 16) 21b page 16) prines 7 through 22. This is year scheet on page 17 or 18 ge 18) worksheet on page 13 d SEP deduction   | Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b<br>25 7<br>26<br>27             | ge 14) 17b 18 19 20 19 16) 21b NT 22 1                      | 1,000  |
| oney order<br>p of any Fo<br>-2, W-2G,<br>-2P.<br>djustme<br>o income    | 17a Total pensions and annuities. 17s  18 Rents, royalties, partnerships, estates, tru 19 Farm Income or (loss) (attach Schedule F 20 Unemployment compensation (insurance and 21 a Social security benefits  | sts, etc. (attach Schedule E ) ) (see page 16) 21b page 16) prines 7 through 22. This is year scheet on page 17 or 18 ge 18) worksheet on page 17 if SEP deduction  r total adjustments. r adjusted gross income. | Taxable amount (see pa<br>SEE STATEME<br>total Income<br>24a<br>24b<br>25 7<br>26<br>27<br>28<br>29 | ge 14) 17b 18 19 20 19 16) 21b NT 22 1                      | 1.000<br>452,803                               |

# ·m 2848

### Power of Attorney and Declaration of Representative

> See separate instructions.

Department of the Treasury Internal Revenue Service

| Power of Att   | orney  |  |  | For                                    | IRS Use Only   |
|--|--|--|--|--|--|
| Taxpayer(s) name(s) George H   |  |  | Taxpayor identification number   | File So.                               |  |
| George H   | .W. Bush   |  |  | Level                                  |  |
| Barbara  |  |  |  | <del></del>                            | ··· <del>!</del> · · · <del>· ·   · · · · ·   · · · · · · · </del>   |
|  |  |  |  | Receipt                                | <del></del>  |
| Address (number and s  | itreet)  |  | Plan number (if applicable)  | Powers                                 | <del></del>  |
| The Whit   | e House  |  |  | Bland T.                               |  |
| City, state, and ZIP coo   | 10   |  | Telephone number   | Action                                 | 1  |
| Washingt   | on, D.C. 2050  | 0  | (202)456-1414  | Ret. Ind                               | 1  |
|  |  |  |  | 1,420, 11,00                           | ······   |
| eby appoint(s) the foll  | lowing individual(s)*  |  | Address  | Jį                                     | Telephone  |
| Name   | CAF Numb   | per  |  | ~ 2                                    | Number   |
| ee Appendix  | Α. Ι   |  |  | 1 1                                    |  |
| attached _   | · · · · · · · · · · · · · · · · · · ·  |  | ······································   |  |  |
| attached   |  |  |  |  |  |
| ttomey(s)-in-fact to i<br>type(s) of tax and yea   | represent the taxpayer(s)<br>ir(s) or penod(s) (date of c  | before any office of the Ir<br>death if estate tax)):  | iternal Revenue Service for the fo   | llowing tax                            | matter(s) (spe   |
|  | •-   | Federal tax  | Year(s) or pe  | madfe)                                 |  |
|  | e of tex<br>corporate, etc.)   | form number<br>(1040, 1120, etc.)  | (Data of death if  |  |  |
|  |  |  | 1000   |  |  |
| ndividual I  |  | 1040   | 1990   |  |  |
| ndividual D  | eclaration of  | 1040-ES  | 1991   |  |  |
| Estimated T  |  | i  |  |  |  |
| attorne (s)-in-fact (clear that the principal focus receips where the principal specific clear where the principal specific clear where the principal specific clear company of all compan | (a) can perform with response some standy as an account to the performance of the perform | ect to the above specified instrumental with the second specified for minimum those acts the communications in on  | reverpress gradultices areas en extension and<br>subject of the EVOR of the assessments  | ndix I                                 | hereto   |
| attorne (s)-in-fact (c)-instruction that the principal possessors whereas the principal possessors with the principal possesso | (s) can perform with respirance with respirance with the performance with the performance and all other writing tices are all other writing tices and all other writing tices are all other writing tices and all other writing tices are all other writing tices are all other writing tices and all other writing tices are all other writing ti | ect to the above specified surrascheiox & Size Mingol of your allowed acts of the communications in process and all other written communications address an communications address and all other written communications are communications.  | tax matters (exclusing the power attentioned and keyfolds) (extends the return) specified on Appe occeedings involving the above tax ammunications to the taxpayer hands and to the taxpayer(s) in proceed   | ndix I                                 | the appointed  |
| attorne r(s)-in-fact (c)-ints that the principal posservorses whereas the principal posservorses whereas the principal posservorses and specific posservorses of all numetiers to:  the appointee of not principal princ | (a) can perform with responser; can perform with responser; and substituted the call y to perform with the copy of all notices and all other written and a | per to the above specified representations of the service of the specified | tax matters (exclusing the power attraces and to the taxpayer(s) in proceed to the taxpayer(s) in process the t | ndix I                                 | the appointment of the appointment of the appointment of the above |
| attorne (s)-in-fact (c)-its that the principal posservoising where the general posservoising with the specific control of specific control of specific control of all numbers to:    the appointment of all numbers to:   the appointment of not control of the specific contr | (a) can perform with responser; can perform with responser; and substituted the call y to perform with the copy of all notices and all other written and a | per to the above specified representatives and all other written communications address and all other written communications are communications.   | tax matters (exclusing the power attentioned and keyfolds) (extends the return) specified on Appe occeedings involving the above tax immunications to the taxpayer hands and to the taxpayer(s) in proceed   | ndix I                                 | the appointment of the appointment of the appointment of the above |
| attorne (s)-in-fact (cits that the principal power to sego XD-cite (gaxts XM-cite gaxts American garden garden gaxts American garden gard | (s) can perform with responser; can perform with responser; seem facility as present subsection of the section and all other written | per to the above specified separations of the above specified separations from those acts are communications in process and all other written communications address communications address communications address power to receive, but not populates)  | tax matters (each sing the power attransposes (each size of EAS) (extentor search or a pecified on Appe occeedings involving the above tax immunications to the taxpayer han eased to the taxpayer(s) in proceed to endorse or cash, refund checks attorn authorizations on file with the  | ndix I matters to ned above dings invo | the appointment of the appointment of the appointment of the above tax matter  |
| attome (s)-in-fact (cts that the principal posservoising XD-C1 (1) of SD-C1 (1) of  | (s) can perform with responser; can perform with responser; seem facility as present subsection of the section and all other written | pect to the above specified paramodelos). Since the property of the pecting of th | tax matters (each sing the power attransposes (each size of EAS) (extentor search or a pecified on Appe occeedings involving the above tax immunications to the taxpayer han eased to the taxpayer(s) in proceed to endorse or cash, refund checks attorn authorizations on file with the  | ndix I matters to ned above dings invo | the appointment of the appointment of the above tax matter   |
| attome (s)-in-fact (cts that the principal posservoising XD-C1 (1) of SD-C1 (1) of  | (s) can perform with responser; can perform with responser; seem facility as personal seems and all other write duplicate copy of all notices and all other write first named above, or more than two of the appoint of you are granting the first named above, or of the above designated as produces all market powers of the above designated as produces all market powers of the above of the above designated as produces all market powers of the above of the above designated as produces all market powers of the above of the abov | per to the above specified separations of the above specified separations from those acts are communications in process and all other written communications address communications address communications address power to receive, but not populates)  | tax matters (each sing the power attransposes (each size of EAS) (extentor search or a pecified on Appe occeedings involving the above tax immunications to the taxpayer han eased to the taxpayer(s) in proceed to endorse or cash, refund checks attorn authorizations on file with the  | ndix I matters to ned above dings invo | the appointment of the appointment of the above tax matter   |
| attorne (s)-in-fact (cts that the principal posservoises attented gatts (test attented at the principal gatts (test attented at the appointment of all institutes to:    the appointment of all institutes to:   the appointment of all institutes to:   the appointment of all institutes at the appointment of attented attented attented attented attented attented at the appointment of attented attente | (a) can perform with responser; can be considered as seen facility as a personnel as seen facility as a large considered as a large copy of all notices and all other writted plicate copy of all notices and all other writted plicate copy of all notices and all other writted plicate copy of all notices and all other writted process and  | per to the above specified instrumence on the service of the servi | tax matters (each language personal attentions of the Mild of the  | ndix I matters to ned above dings invo | the appointment of the appointment of the appointment of the above the above the above the appointment of th |
| attorne (s)-in-fact (c) cits that the principal posservoisign xibeted gexts Xibet attention and SDEC1510  Send onginals of all named above, and a Send copies of all n matters to:  the appointee (names of not the appointee (name of one c some tax matters an (Soccosture of or for tax) signed by a corporat   | (s) can perform with responser; can be perform with responser; and all other write duplicate copy of all notices and all other write displicate copy of all notices and all other write first named above, or more than two of the appoint of you are granting the first named above, or of the above designated as a collect all earlier powers of years or periods covered by seven granting, and a payer(s) a officer, pertoner, or fiduced the periods of the above of t | per to the above specified service occurs of the service occurs of the service occurs occurs of the service occurs | tax matters (each sing the power attransposes (each size of EAS) (extentor search or a pecified on Appe occeedings involving the above tax immunications to the taxpayer han eased to the taxpayer(s) in proceed to endorse or cash, refund checks attorn authorizations on file with the  | ndix I matters to ned above dings invo | the appointment of the appointme |
| attorne (s)-in-fact (c)-cts that the principal conservoisies where the principal conservoisies where the principal conservoisies and specification of specification of all named above, and a send copies of all named above, and a send copies of all named above of all names of not in the appointment of the appointment of the appointment of the appointment of a specification of attorney of same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and as for the appointment of a same tax matters and a  | (s) can perform with responser; can be perform with responser; and all other write duplicate copy of all notices and all other write displicate copy of all notices and all other write first named above, or more than two of the appoint of you are granting the first named above, or of the above designated as a collect all earlier powers of years or periods covered by seven granting, and a payer(s) a officer, pertoner, or fiduced the periods of the above of t | per to the above specified service occurs of the service occurs of the service occurs occurs of the service occurs | tax matters (each language papers and action authorizations on file with the structure of the following:   | ndix I matters to ned above dings invo | the appointment of the appointment of the appointment of the above the appointment of the |
| attorne (s)-in-fact (c) cots that the principal posservoisign xibeted (gextrix Xibeted attorne) as and Specifical Send originals of all named above, and a Send copies of all n matters to:  the appointee (names of not in the appointee) (name of one composition attorney of same tax matters an (Soccomputers of or for tax) signed by a corporate   | (s) can perform with responser; can be perform with responser; and all other write duplicate copy of all notices and all other write displicate copy of all notices and all other write first named above, or more than two of the appoint of you are granting the first named above, or of the above designated as a collect all earlier powers of years or periods covered by seven granting, and a payer(s) a officer, pertoner, or fiduced the periods of the above of t | per to the above specified service occurs of the service occurs of the service occurs occurs of the service occurs | tax matters (each language papers and action authorizations on file with the structure of the following:   | ndix I matters to ned above dings invo | the appointment of the appointment of the appointment of the above the above the above the above the above the appointment of the above  |
| attorne (s)-in-fact (c) cost that the principal conservorage xiteries power xites attorney and a Send copies of all in matters to:  the appointment in the appointmen | (s) can perform with responsar contests and all other write duplicate copy of all notices and all other write duplicate copy of all notices and all other write first named above, or more than two of the appoint of you are granting the first named above, or of the above designated all collects all carrier powers of years or periods covered by seven granting, and a payer(s) a officer, pertiner, or fidure taxpayer(s).   | per to the above specified service occurs of the service occurs of the service occurs occurs of the service occurs | tax matters (excluding the covers are extraorded to the taxpayer(s) in proceed to endorse or cash, refund checks at the endorse or cash, ref | ndix I matters to ned above dings invo | the appointee or thing the above tax matters  Revenue Service  3 - 7 - (Dete)  |
| attorne (s)-in-fact (c) cost that the principal conservorage xiteries power xites attorney and a Send copies of all in matters to:  the appointment in the appointmen | (s) can perform with responsar contests and all other write duplicate copy of all notices and all other write duplicate copy of all notices and all other write first named above, or more than two of the appoint of you are granting the first named above, or of the above designated all collects all carrier powers of years or periods covered by seven granting, and a payer(s) a officer, pertiner, or fidure taxpayer(s).   | per to the above specified representatives of the service of action of the service of actions addresses of actions actions addresses of actions actions addresses of actions a | tax matters (excluding the covers are extraorded to the taxpayer(s) in proceed to endorse or cash, refund checks at the endorse or cash, ref | ndix I matters to ned above dings invo | the appointment of the appointment of the appointment of the above the above the above the above the appointment of the above the appointment of the above t |

| texpayer(s) signature must l  | ranted to a person other than<br>be witnessed or notarized bel<br>ice before the Internal Revenu   | an attorney, certified public accountant, enrolled agent, ow. (The representative must complete Part II. List represenses)   | or enrolled actuary, the sentatives there only if |
|---|--|--|---|
| The person(s) signing as  | or for the taxpayer(s): (Check   | and complete one.)   | 0- 000  |
| is/are known to and   | signed in the presence of the l  | rand complete one.)<br>two disinterested witnesses whose signatures appear here  | 91-2973   |
| $\mathcal{A}$   | 11. 8  | n 11 1   | 2-2-41  |
| II Alt  | estel CiR  | Rode   | 3 - / · //  |
| <i>a</i> .  | (34)   |  |   |
| 11 Patri  | a fresch   | Nurs of Without)   | 3/7/9/<br>(Date)                                  |
| appeared this day be  | efore a notary public and ackn   | owledged this power of attorney as a voluntary act and dec   | rđ.   |
| Witness:  | (Signature of Notary)  | (Deta)   | NOTARIAL SEAL<br>(if required by state law)       |
| Declaration   | of Representative  |  |   |
| Treasury Department Circle accountants, enrolled agent a member in good still be duly qualified to prace enrolled as an agent a bone fide officer of a full-time employee f a member of the taxing a fiduciary for the taxing an enrolled actuary (  Treasury Department for Commissioner's specific accounts of the taxing and taxing | sular No. 230 (31 CFR, Part is, anrolled actuaries, and other anding of the bar of the highestice as a certified public accounder the requirements of Truithe taxpayer organization; of the taxpayer; payer's immediate family (spoupayer; the authority of an enrolled act Circular No. 230); call authorization (see instruction). | disbarment from practice before the Internal Revenue Se 10), as amended, regulations governing the practice of a ers; and that I am one of the following: at court of the jurisdiction shown below; untant in the jurisdiction shown below; easury Department Circular No. 230; cuse, perent, child, brother or sister); cluarly to practice before the Service is limited by section 1 tions for Part II, item i) | ttomeys, certified public                         |
| (insert appropriate letter<br>from above list)  | (state, etc.)<br>or Enroffment Card Number   | Signature  | Outs  |
| a a   |  | John R. Whismon  | 3-1-91  |
| g   |  | William Clapp  | 3-7-91  |
|   |  |  |   |
|   |  | -  |   |
|   |  |  |   |
|   |  |  | *:  |
|   | 1  | 1 '  | 1   |

## APPENDIX A

| NAME                 | ADDRESS  | PHONE        |
|----------------------|--|--------------|
| Mr. John R. Whitmore | Bessemer Trust Company, NA<br>630 Fifth Avenue<br>New York, NY 10111 | 212-708-9111 |
| Mr. G. William Clapp | Bessemer Trust Company, NA<br>630 Fifth Avenue<br>New York, NY 10111 | 212-708-9269 |

#### APPENDIX B

- 1. Prepare, sign and file return.
- 2. Receive, but not endorse or cash, refund checks for the above tax matters.
- 3. Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- 4. To execute consents extending the statutory period of assessment or collection of taxes.
- 5. Execute closing agreements under section 7121 of the Internal Revenue Code.

#### Internal Revenue Service

District Director 91-2973

The President and Mrs. George P. W. Bush The White House Washington, D.C. 20500

MAR 2.2 1991

Dear Mr. President and Mrs. Bush:

This is in response to your letter dated March 10, 1991, requesting permission to have your 1990 income tax return and your Declaration of Estimated Tax for 1991 made by a trustee pursuant to section 1.6012-1(a) (5) of the Income Tax Regulations. You indicate that a trust agreement with Bessemet Trust Company qualifies as a blind trust that meets the requirements of section 202(f) (1) (8) of the Ethics in Government Act of 1978.

This letter will serve as approval of your request and will permit the trustee to make your 1990 individual income tax return and the Declaration of Estimated Tax for 1991. The trustee must submit with your tax return and with the Declaration of Estimated Tax a copy of this letter and a power of attorney (or copy thereof). The power of attorney must grant the trustee authority to sign your return, to receive a refund check, to execute a waiver of notice of restrictions on assessment or collection, to execute a waiver of notice of disallowance, to execute a consent to extend the period of assessment or collection, and to execute a closing agreement. A Form 2848, Power of Attorney and Declaration of Representative, when properly completed, is sufficient. We have enclosed a blank Form 2848 for your convenience.

In order to maintain proper controls and security over your tax return, we ask that the trustee use the following specific address:

PERSONAL ATTENTION
Joseph H. Cloonan, Director
Philadelphia Service Center
P. O. Box 69
Bensalem, PA 19020

If you have any questions, please call me at (713) 653-3704 in Houston or call Mr. Cloonan at (215) 969-2221.

Respectfully,

Arturo A. Jacobs District Director

Enclosure: Form 2848

| -                                 |             |   | antin  |
|-----------------------------------|-------------|---|--|
| Farm 1846 (1888)                  |             | 9   | 1-2973   |
|                                   | 32          | Amount from line 31 (adjusted gross income)   | 32 452.732   |
| Tax                               | 33 a        | Check It. X You were 85 or older Blind; X Spouse was 85 or older Blind.   |  |
| Сэтрч-                            |             | Add the number of brisss checked above and enter the total here   | REGISTER (1).  |
| tetion                            |             | Il your perent (or someone else) can claim you as a dependent, check here > 335   |  |
|                                   | _           | If you are mented filing a separate return and your spouse iterrizes deductions,  | 10 M                            |
| If you want IRS<br>to ligure your | •           | or you are a dust-statue allen, see page 19 and check here  |  |
| tax see                           |             | Your star dard deduction (from the chart (or worksheet) on  |  |
| no anothuritani                   | 34          | Enter the page 20 that applies to you), OR  | 34 97.118  |
| page 18.                          |             | larger a Your Remized deductions (from Schedule A. Ene 27).   |  |
|                                   |             | of tyou Remittee, attach Schedule A and check here ▶ 💢  | '90A694  |
|                                   | 35          | Subtract line 34 from line 32.  | 35 355,614   |
|                                   | 34          | Multiply \$2,050 by the total number of examptions claimed on line 6s   | 34 4.100   |
|                                   | 37          | Taxable Income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0)  | 37 351.514   |
|                                   | 34          | Enter tax, Cuack If from: a Tax Table, b X Tax Rate Schedules, or c Fern 8415 (\$44 ps. 21)   | <b>i</b> ( )   |
|                                   | -           | (R any is from Form(s) 8814, enter that amount here d >   | 34 99.572  |
|                                   | 36          | Additional laxes (see page 21). Check il from: a Form 4970, or b Form 4972  | 39   |
|                                   | 40          | Add lines 36 and 39   | 99,572   |
|                                   | 41          | Credit for child and dependent care expenses (attach Form 2441) . 41  | PER 1 1811   |
| 0                                 | 42          | Credit for the elderly or the disabled (stach Schedule R)   |  |
| Credita                           | 49          | Foreign tex credit (etrach Form 1116)   |  |
| (See<br>instructions              | 44          | General business credit. Check il from:   |  |
| on page 21.)                      |             | Form 3800 or b Form (specify) 44  |  |
| Ou bede now                       | 46          | Credit for prior year minimum tax (attach Form 8801)  |  |
|                                   | 44          | Add fines 45 through 45   | 472  |
|                                   | 47          | Subgract line 46 from line 40. (If line 46 is more than line 40, enter -0)  | 47 99,100  |
|                                   | 48          | Self-employment tax (attach Schedule SE)  | 49 141   |
| <b>^</b>                          | 49          | Alternative minimum tex (attach Form 6251) ,  | . 41   |
| Other                             | 50          | Recepture texes (see page 22). Check if from: a Form 4255 b Form 8811   |  |
| Taxes                             | E1          | Social security tax on tip income not reported to employer (stach Form 4137)  | <b>61</b>  |
|                                   | E2          | Tax on an IRA or a qualified retrement plan (attach Form \$329)   | 52   |
|                                   | 23          | Advance serned income credit payments from Form W-2   | . 63   |
|                                   | -           | Separation may be a series of the series of |  |
|                                   | 54          | Add lines 47 through 53. This is your total tex   | 99.241   |
|                                   | <u> </u>    | Federal income tax withheld (if any is from Form(s) 1096,   |  |
|                                   | -           | sheck ▶  }  |  |
|                                   | 54          | 1990 committed tax payments & arrount applied from 1966 return. \$4 52,000  |  |
| B                                 | 57          | Earned Income credit (see page 23)  |  |
| Payments                          | 54          | Amount paid with Form 4809 (sineralon request)  |  |
| Attach Forms                      | 50          | Excess social security tex and RRTA tax withheld (see page 24)  |  |
| W-2,W-2G,                         | <b>90</b>   | Credit for Federal tex on Busin (stacts Form 4134)  |  |
| and W-2P                          | 61          | Regulated investment company track (strach Form 2439)   |  |
| to Iront.                         | 62          | Add Snee 36 through \$1. These are your total payments  | 113.370  |
| ····                              | 63          | If line 42 is more than line 54, enter arrount OVERPAID   | 43 14,129  |
|                                   | 44          | Amount of line at to be REFUNDED TO YOU   | 4 100  |
| 0 . 4 d . a .                     | 65          | Amount of the 63 to the APPLIED TO YOUR 1961 ESTIMATED TAX> 65 10.000   | RIOTE A  |
| Refund or                         | - 4         | If Bing 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full   |  |
| Amount                            | -           | amount payable to "Internal Revenue Service." Write your name, social security number, address,   |  |
| You Owe                           |             | devitors phone number, and "1990 Form 1040" on it   | . [ 🕶 ]  |
|                                   | 67          | First and the panety (see page 25)  |  |
| \$ion                             |             | And a sea dee of name I doc to a that I have a manual this return and accompanying schedules and statements, and to   | o the best of my knowledge and<br>high preparer has any knowledge. |
| Sign<br>Here                      | <b>L</b>    | books, they are the, obstact, and compute. Decaration as property (other than table yet) is based on an intermediate to the Vous pignature.   |  |
|                                   | ₿           | Roma & W. Bush Bushers P. Bush PRESIDENT  | <u> </u>   |
| of this return                    | Ĺ           | Speuce's State of Speuce's succession of Speuce's succession of Speuce's succession   |  |
| for your<br>records.)             | ₽           | By Colon R. Whismore Power of atternor 4/9/9/ HOUSEWIFE   | S  |
|                                   |             | Date / Check If   | Propager's secont security he.                                     |
| Paid                              | ,           | waster 1 / Was Clare 14/9/91 sell-englyse   |  |
| Preparer's                        | <del></del> | BESSEMER TRUST CO., N.A.  | E. t. No.  |
| Use Only                          | 1           | ALANGE OF THE AUTHIT NEW YORK NY  | 20° cada 10111   |

BESSEMER TRUST CO., N.A. / 630 FIFTH AVENUE NEW YORK NY 

21P code 10111

yours, it self-east byes! and ad from

#### SCHEDULE A (Form 1040)

Department of the Treasur

**DAttach to Form 1060** 

Itemized Deductions 91 - 2973 ► See Instructions for Schedule A (Form 1940)

OM 8 No. 1545-0074

1990

our sound security number Name(s) as shawn on Form 1040 GEORGE H.W. & BARBARA P. BUSH Caution: Do not include expenses reimbursed or paid by others. Madical and 1. Medical and dental (scanner (See page 27 of the instructions). . Dental Expenses 2. Enter anacurativani form 1010, \$64,02. . . . . 2 3. Multiply the comment on line 2 by 7,5% £975). Enter the result. 4. Subtract line 5. then the 1, eleber the result. If less than zero, enter +0-596 Taxes You 26,468 • Pald 7 Other taxes (list - include personal property taxes) > 156 SEE STATEMENT A1 .... Instructions 8 Add the amounts on lines 5 through 7. Enter the lutal. . . . . . on page 27.) a Deductible home mortgage interest paid to financial institutions and Interest You reported to you on Form 1098. Report deductible points on line 10. . . . Paid b. Other deductible home mortgage interest. (If paid to sh (5-individual, show that person's name and address.) instructions on page 27.) 10 10 Deductible points (See instructions for special rules) . . . 11 Deductible investment interest (attach Form 4952 if required) 12 m Personal interest you paid. (See page 28) 12m b. Multiply the amount on line 12a by 10% (.10). Enter the result . . . . . 13 Add the amounts on lines 9a through 11, and 12b. Enter the total. Caution: If you made a charitable contribution and received a Ciffs to Charity benefit in return, see page 29 of the instructions. 38,997 (See 15 Other than cash or check (You MUST stach Form 8283 If over \$500) . Înstructions on page 29.) 17. Add the amounts on lines 14 through 16. Enter the total. .... A A Charles 18 Casualty or theft loss(ss), (stach Form 4634), (See page 29 of Casualty and Theft Losses 18 Moving expenses (attach Form 3903 or 3903F), (See page 30 of Moving Expenses 20 Unreimburged employee expenses - job travel, union dues, job Job Expenses education, etc. (You MUST attach Form 2106 if required. and Most Other Miscollaneous See instructions.) Deductions 23 Other signeness (Investment, tax preparation, safe deposit box, etc.). List type and emount 🛬 📗 (See <u>36,952</u> instructions on SEE STATEMENT AL page 30 for 36.952 22 Add the amounts on lines 20 and 21. Enter the total . . . . . . . . . . . . . . . . . 23. Enter amount from Form 1040, line 32. . . . . . 23 deduct here.) 9.055 24 Multiply the amount on line 23 by 2% (.02). Enter the result. . . . . . . . . . . . 25. Subtract line 24 from line 22. Enter the result, If less than zero, enter -0-Other 26 Other (from list on page 30 of Instructions). List type and amount Macellaneous Deductions 27 Add the amounts on lines 4, 8, 13, 17, 16, 19, 25 and 26. Enter the total here. Then **Total Hemited** emer on Form 1040, line 34, the LARGER of the total or your standard deduction Desturdoss.

For Paperwork Reduction Act Notice, see Form 1040 Instructions

Scheckle & (Form 1040) 1990

Your secul security number

GEORGE H.W. & BARBARA P. BUSH

## Schedule B - Interest and Dividend Income

Attachment 08

| Part I<br>Interset<br>Income<br>See<br>Instructions | If you received more than \$400 in taxable interest income, or you are claiming the exclusion EE U.S. savings bonds issued after 1969 (see page 31), you must complete Part I. List ALI Part I. If you received niors than \$400 in taxable interest income, you must also complete as a nominee, interest that actually belongs to another person, or you received or paid accuration transferred between interest payment cutes, see page 31. | . Intere<br>Part III | at received in<br>, If you received, | <u>_</u>     |
|---|---|----------------------|--------------------------------------|--------------|
| on pages 13   | Interest Income   |                      |                                      |              |
| nd 30.)   | 1 Interest income. (List name of payer - it any interest income is from seller-financed   |                      | Amount                               |              |
|   | mortgages, see instructions and list this interest first.)  |                      |                                      |              |
|   | EQUITABLE LIFE ASSURANCE SOC  |                      | 455                                  |              |
|   | OCEAN NATIONAL BANK   |                      | 712                                  |              |
|   | PRES. 4 MRS. BUSH BLIND TRUST 52-6224648  |                      | 12.039                               |              |
| Note: 11 you  | PRES. & MRS. BUSH BLIND TRUST 52-6224648  | 1 1                  | 6,564                                |              |
| received a Form<br>1009-INT or Form                 | WHITE HOUSE FEDERAL CR. UNION   |                      | 78                                   |              |
| 1099-OID or   |   |                      |                                      |              |
| substitute<br>statement, from                       |   | .] [                 | <u> </u>                             |              |
| a brokerage firm,                                   |   | .]                   |                                      |              |
| list the frm's<br>name as the                       |   | .]                   |                                      |              |
| payer and enter                                     |   | .                    |                                      |              |
| the total interest<br>shown on that                 |   | ·                    | 10 010                               |              |
| form.   | 2 Add the amounts on line 1, Enter the total  | 2                    | 19,848                               |              |
|   | 3 Enter the excludable servings bond interest, if any, from Form 8815, line 14. Attach  |                      |                                      |              |
|   | Form 8615 to Form 1040  | ·  3                 | 10 040                               |              |
|   | 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 84  | 14                   | 19,848                               |              |
| Part II<br>Dividend                                 | If you received more than \$400 in gross dividends and/or other distributions on stock, you and III. If you received, as a nomines, dividends that actually belong to another person,   | 866 ps               | ge 31.                               |              |
| Inconia   | Dividend Income   | <del></del> -        | Amount                               |              |
| (See  | S Dividend income (List name of payer - include on this line capital gain distributions,  | ŀ                    | Anount                               |              |
| Instructions on                                     | nontaxable distributions, etc.)   | - )                  | 10,162                               |              |
| pages 13 and<br>31.)                                | PRES.& MRS. BUSH BLIND TRUST 52-5224648   | - [                  | 10,102                               |              |
| <b>4</b> 1.,  | *************************   | •                    | _ <del></del>                        |              |
|   |   | -                    |                                      |              |
| Note: If you  | ***************************************   | 1                    |                                      | <del></del>  |
| received a Form                                     |   | ۱ ه                  |                                      |              |
| eubethure   | ***********************************   | -  -                 |                                      |              |
| statement from                                      | ***************************************   | -                    |                                      |              |
| a brokerage<br>firm, let the                        | ***********************************   | •                    |                                      |              |
| firms name as                                       | ,   | "                    |                                      |              |
| the payer and<br>enter the total                    | ************************  | -                    |                                      |              |
| dividende shown                                     | **********************************  | •                    |                                      |              |
| on that form.                                       | 6 Add the amounts on line 5. Error the total here   | - 6                  | 10,162                               | i            |
|   | 7 Capital gain distributions. Enter here and on Schedule U a  |                      |                                      |              |
|   | Nightam bile distributions, (See the instructions for Form 1040, line 5.)   |                      |                                      |              |
|   | # Add the amounts on lines 7 and 8. Enter the total   | . 3                  | İ                                    |              |
|   | 19 Subtract line 8 from line 8. Enter the result here and on Form 1040, line 9  | u.                   | 10.162                               |              |
|   | * If you received capital gain distributions but do not need Schedule D to report any other   | r gaine              | or losses, see the                   |              |
|   | Instructions for Form 1040, lines 13 and 14.  |                      |                                      | <del>,</del> |
| Part III  | If you received more than \$400 of interest or dividends, OR If you had a foreign account   | or we                |                                      |              |
| Foreign   | grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III   |                      | Yes                                  | Ho_          |
| Accounts  | 11s. At any time during 1990, did you have an interest in or a signature or other authority over  |                      |                                      |              |
| and<br>Foreign                                      | in a foreign country (such as a bank account, securities account, or other financial accou  |                      | e page 31 of                         | ialin.       |
| Trusts  | the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)   |                      | <u> </u>                             | X            |
| (See  | b it "Y ;a," enter the name of the foreign country ▶  |                      | <del>-</del>                         |              |
| Instructions  | Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether<br>any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926.  | or not               | you have                             |              |
| on page 31.)  |   |                      |                                      | l X          |

#### SCHEDULE D (Form 1040)

Capital Gains and Losses

(and Reconciliation of Forms 1099-8 for Bartering Transactions) > See Instructions for Schedule D (Form 1040).

1990

➤ Attach to Form 1040.

Attachment Sesumce No. 12A

Department of the Treasury Internal Revenue Service ▶ For more space to list transactions for lines 2s and 9s, get Schedule D-1 (Form 1040). Your social security number Hame(a) as shown on Form 104 GEORGE H.W. & BARBARA P. BUSH Enter the total sales of stocks, bonds, other ascurities, and real estate transactions reported to you for 1990 on Form(s) 1099-B and 1099-S (or on substitute statements). If this total is not the same as the the total of lines 2c and 9c, column (d), attach a statement explaining the difference. Do not include on this line amounts from Form 1099-5 if you reported them on another form or schedule.) See Instructions for line 1 . . . . . . . . . Pari 1 and Short-term Capital Gains and Losses - Assets Held One Year or Less (f) LOSS If (e) is more than (d), subtract (d) from (e) (g) GAIN (e) Cost or other (a) Cleacop bon of property (Example: 100 p Nares 7% preferred of "Z" Co.) (b) Date (d) Sales price (see (c) Oate sold (Mo., day, yr.) If (d) is more than (e) subtract (n) from (d) Das:0 (100 Acquired (Ma., day, yr.) instructions) instructions) 2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S transactions. See Instructions. 25 Amounts from Schedule D-1, line 25 (ettach Schedule D-1) 2c Total of All Sales Price Amounts Add column (d) of lines 2a and 2b . . 2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2s.) Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c. la a dynamica i 4 4 Short-term gain from installment sales from Form 6252, line 22 or 30 . . . . . . 5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries Harria de 1946 • Short-term capital loss carryover from 1989 Schedule D, line 29. . . . 70 -19.7 Add lines 2s, 2b, 2d, and 3 through 6, in columns (f) and (g) . . . . -19, Net short-term gain or (loss), Combine columns (f) and (g) of line 7. Long-term Capitat Gains and Losses - Assets Held More Than One Year Sa Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S transactions. See instructions. \$6 Amounts from Schedule D-1, line 95 (attach Schedule D-1) Bc Total of All Sales Price Amounts Add column (d) of lines 9s and 9b ▶ te 9d Other Transactions (Do NOT include real setate transactions from Forms 1099-5, Report them on line 9s.) 10 Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c 11 Long-term gain from installment sales from Form 6252, line 22 or 30 . . . . . . Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries . 12 13 13 Capital gain distributions . . . . . . . . . . 14

Long-term capital loss carryover from 1969 Schedule D, line 35. . .

Add lines 8a, 8b, 9d, and 10 through 15, in columns (f) and (g) . . . . . . .

17

7,348

.348

15

16

| GEC      | RGE H.W. & BARBARA P. BUSH  |               |  |                |
|----------|---|---------------|--|----------------|
|          | I III Summary of Parts I and II   |               |  |                |
| 18       | Combine lines 8 and 17, and enter the net gain or (loss) here. If result is a gain, stop hers and enter   |               |  |                |
|          | the gain on Form 1040, line 13  | 18            | -11.822  | Blood Air      |
| 10       | If line 18 is a (lose), enter here and as a (lose) on Form 1040, line 13, the smaller of:   |               |  |                |
|          | The (loss) on line 18; of   |               |  |                |
| ь        | (\$3,000) or, if married filing a separate return, (\$1,500)  | 19<br>Banasii | -3,000   |                |
|          | Note: When figuring whether 19a or 19b is smaller, treat both numbers as if they are positive.  |               |  |                |
|          | o on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), IR, if taxable income on Form 1040, line 37, is zero.   |               |  |                |
|          |   | <u> </u>      |  |                |
| P        | Capital Loss Carryovers From 1990 to 1981   |               |  |                |
|          | Section A Carryover Limit   | 1             |  |                |
| 20       | Enter taxable income or loss from Form 1040, line 37. (If Form 1040, line 37, is zero, see instructions for   | 20            | 351,514  |                |
|          | amount to enter.)  Note: For tines 21 through 36, enter sit amounts as positive numbers.  | ·   #¥        | 73273  |                |
| ~4       | Enter the loss on line 19   | 21            | 3,000  |                |
| 21<br>22 | Enter the amount on Form 1040, line 35  |               | 4,100  |                |
| 23       | Combine lines 20, 21, and 22. If zero or less, enter -0   |               | 358,614  |                |
| 24       | Carryover Limit. Enter the smaller of line 21 or line 23  |               | 3.000  | <u> </u>       |
|          | Section B. — Short-Term Capital Loss Carryover to 1991  |               |  |                |
|          | (Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to S  | 1             |  |                |
| 26       | Enter the loss on line 8  | . 25          | 19,170   |                |
| 26       | Enter the gain, if any, on line 17  | <b>⊣</b> "ి ( |  |                |
| 27       | Elica de al seguinos de la companya | . 24          | 10,348   | المسترا بالترا |
| 28<br>29 | Add lines 26 and 27   | 29            | 8.822  |                |
|          | Section C. — Long-Term Capital Lose Carryover to 1991   |               |  |                |
|          | (Complete this section only if there is a loss on line 17 and line 19.)   |               |  |                |
| 20       | Enter the loss on line 17.  | . 30          |  |                |
| 31       | Enter the gain, if any, on %ne 8  | 31            |  |                |
| 32       | Enter the amount on line 24   |               |  | 0.00           |
| 33       | Enter the amount, if any, on the 25   | -             |  | Jan Sala       |
| 34       | Subtract line 33 from line 32, if zero or less, enter +0+   |               | <u>Q</u>   |                |
| 35       | Add fines 31 and 34   | 35            |  | _              |
| 36       |   | 1 30          | <u> </u>   | <u>.</u>       |
| ilia.    | Election Not to Use the installment Method  (Complete this part only if you elect out of the installment method and report a note or other obligation.)   | si lese       |  |                |
|          | than full face value.)  |               |  |                |
| 37       | Check here if you elect out of the installment method   | • , , •       | <b>.</b> [   |                |
| 38       | Enter the face amount of the note or other obligation   |               |  |                |
| 39       | Enter the percentage of valuation of the note or other obligation   | <u> </u>      |  |                |
| Pa       | Reconciliation of Forms 1999-B For Berlering Transactions   |               | ount of bartering income t                         |                |
|          | (Complete this part if you received one or more Form 1099-B or substitute statements reporting bartering income.)   |               | orm 1000—B or sybabbile<br>tement reported on form |                |
|          | Form 1040, line 22  | . 40          | echedule   | $\overline{}$  |
| 40<br>41 | Schedula C (Form 1040)  |               |  | 1              |
| 42       | Schedule D (Form 1040)  |               |  |                |
| 43       | Schedule E (Form 1040)  |               |  |                |
| 44       | Schedule F (Form 1040)  |               |  |                |
| 45       | Other form or schedule (identify) (if not taxable, indicate reason - attach additional sheets if necessary).  |               |  |                |
|          |   | .             |  |                |
|          | ****  | -1            |  |                |
|          | **************************************  | - 45          | <del> </del>                                       | <del> </del>   |
| 44       | Total (add lines 40 through 45)   | . 46          | <u> </u>   | 1              |
|          | substitute statements received for bartering transactions.  |               |  |                |

### SCHEDULE E (Form 1040) Department of the Trassury Internal Revenue Service

Supplemental Income Schedule

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)

> Attach to Form 1040 or Form 1041.

> See Instructions for Schedule E (Form 1040).

Your social security number

1990

Attachment Sequence No. 13

|   | · · · · · · · · · · · · · · · · · · ·  |              |                           |                                       | <b></b>  | - 1                                      | Į           | Yes         | No            |
|---|--|--------------|---------------------------|---------------------------------------|--|--|-------------|-------------|---------------|
|   | or each rental property listed on line 1, did you  | or your      | ternily use it for person | al purposes for mo                    | re than the greater                              | į  | A.          |             |               |
| 6 | t 14 days or 10% of the total days rented at fail  | r rental v   | alue during the tax yes   | r? (See Instructions                  | ■.)  |  | B           |             | ├-            |
| _ |  | 1            |                           | Properties                            |  |  | <u>C  </u>  | Totale      | <u> </u>      |
| • | tal and Royalty Income   | $\vdash$     |                           | · B                                   | С  | (Add d                                   | -<br>:olun  | me A,       | B, and        |
|   |  | 3            | <del>- 7</del>            |                                       |  | 3  |             |             |               |
|   | Rents received   | 4            | 14,084                    |                                       |  | 4  |             | 14          | ,08           |
|   |  |              |                           |                                       |  |  |             | h III       |               |
|   | ntal and Royalty Expenses  | 5            |                           |                                       |  |  |             |             |               |
|   | uso and travel   | 6            |                           |                                       |  |  |             |             |               |
|   | Cleaning and maintenance   | 7            |                           |                                       | ļ  |  |             |             | ei<br>Hilling |
|   | Commissions  | •            | 7,042                     |                                       |  |  |             |             |               |
|   | NSUFERICE  | •            |                           |                                       | <u> </u>   |  |             |             |               |
|   | egal and other professional fees   | 10           |                           |                                       | ļ  |  | Model       |             | 14.16         |
|   | Hortgage interest paid to banks.   |              | Ì                         |                                       |  | <u>                                 </u> |             |             |               |
|   | etc. (see Instructions)  | 11           |                           |                                       | <u> </u>   |  |             | aliideka la | nii:: 10      |
|   | Other Interest   | 12           |                           |                                       | <del> </del>                                     |  | .,1         |             | 11            |
|   | Repairs  |              |                           |                                       | <del> </del>                                     |  |             |             |               |
|   | Supplies   |              |                           | · <del></del>                         |  |  |             |             |               |
|   | Taxee , , , , , , , , , , , , , , , , , ,  |              |                           |                                       | 1  | -  |             |             |               |
|   | Utilities (see Instructions)   |              | ·                         |                                       | <del></del>                                      |  |             |             |               |
|   | Wages and salaries   | 17           |                           | · · · · · · · · · · · · · · · · · · · | <del>                                     </del> |  |             |             |               |
|   | Other (list)   | <b>.</b> ⊦   | <del></del>               |                                       | _  |  |             |             |               |
|   |  | ! ⊦          |                           |                                       |  |  |             |             |               |
|   |  | <b>│¹₽</b> ├ | <del> </del>              |                                       | 1  |  |             |             |               |
|   |  | <b> </b>     |                           |                                       | <del>                                     </del> |  |             |             |               |
|   |  | 19           | 7,042                     |                                       | · <del> </del>                                   | 19                                       | liite###    |             | , 0           |
|   | Add lines 5 through 18   | <b>-</b>     | 77.434                    |                                       |  |  | ì           |             |               |
|   | Deprectation expense or depletion (see (natructions)   | 50           | İ                         |                                       |  | 20                                       |             |             |               |
|   | Total expenses. Add thes 18 and 20   |              | 7,042                     |                                       |  |  | 1111        |             |               |
|   | Income or flows) from rankel or  |              |                           |                                       |  |  |             |             |               |
|   | royally properties. Subtract line 21 from line 3 (rents) or line 4   |              |                           |                                       |  |  |             |             |               |
|   | (roveltime), if the result is a (loss),  |              | 1                         |                                       |  |  |             |             |               |
|   | see Instructions to find out if you<br>must file Form 6198   | 22           | 7,042                     | <u></u>                               |  |  |             |             |               |
|   | time the two transfer of the transfer to the t |              | Į                         |                                       | 1  |  |             |             | A             |
|   |  |              | ĺ                         |                                       |  |  | 4           |             |               |
|   | Deductible rental loss, Caution: Your  |              |                           |                                       |  |  |             |             |               |
|   | rental loss on line 22 may be limited.<br>See Instructions to find out if you must   |              |                           |                                       |  |  |             |             |               |
|   | Re Form 8582   | 23           |                           |                                       |  |  | i i i i i i |             |               |
|   | Income. Add rental and revally income from I   | ne 22. E     | inter the total income h  | W8                                    |  | 24                                       | ╄           | 7           | <u>7.0</u>    |
|   | Loases, Add royalty losses from line 22 and re   | ental los    | ses from line 23. Enter t | ihe total losses here                 |  | 25                                       | 1           |             |               |

SCHEDULE SE (Form 1040)

### Social Security Self-Employment Tax

ON'S No. 1545-0974 1990

► Sea instructions for Schedule SE (Form 1040).

ATIACHMENT

Sequence No. 17

Copartment of the Treasure Internal Revenue Service

Attach to Form 1040.

Security number of person

BARBARA P. BUSH

esth self-employment income >

### Who Must File Schedule SE

You must file Schedule SE if:

- Your net earnings from self-employment were \$400 or more (or you had wages of \$100 or more if an amployee of an electing church or church-controlled organization); AND
- Your wages (subject to social security or railroad retirement tax) were less than \$51,300.

Exception: If your only self-employment income was from samings as a minister, member of a religious order, or Christian Science practioner, AND you filed Form 4061, and received IRS approval not to be taxed on those sernings, DO NOT file Schedule SE, Instead, write "Exempt-Form 4361" on Form 1040, line 48.

For more information about Schedule SE, see the instructions.

Note: Most tempeyers can now use the new short Schedule SE on this page. But, you may have to use the longer Schedule SE on the back.

### Who MUST Use the Long Schedule SE (Section B)

Name of person with self-employment income (se shown on social security card)

You must use Section B if ANY of the following applies:

- You elect the "optional method" to figure your self-employment tax (See Section B, Part II, and the Instructions);
- You are minister, member of a religious order, or Christian Science practitioner and you received iRS approval (from Form 4381) not to be taxed on your earnings from these sources, but you owe self-employment tax on other earnings;
- You had church employee income of \$100 or more that was reported to you on Form W-2;
- You had tip income that is subject to social security tax, but you did not report those tips to your employer, OR
- You are a government employee with wages subject ONLY to the 1.45% medicare part of the social security tax (Medicare qualified government wages). AND the total of all your wages (subject to social security, rainroad retrement, or the 1,45% Medicare tax) plus all your semings subject to self-employment tax is more than \$51,300.

Section A - Short Schedule SE (Read above to see if you must use the long Schedule SE on the back (Section B).)

|  | 1 i   |        |
|--|-------|--------|
| 1. Net farm profit or (loss) from Schedule F (Form 1040), line 36, and farm partnerships, Schedule K-1   |       | ļ      |
| (Form 1065), line 15a  | 1     |        |
| 2 Net profit or (lose) from Schedule C (Form 1040), line 29, and Schedule K-1 (Form 1065), line 15a (other than farming). See the Instructions for other income to report                                  | 2     | 1,000  |
| 3 Combine lines 1 and 2. Enter the result.   | 3     | 1,000  |
| Multiply line 3 by .8235. Enter the result. If the result is less than \$400, do not file this schedule; you do not owe self-simpleyment tax   |       | 924    |
| Maximum amount of combined wages and self-employment earnings subject to social security or railroad retirement tax (tier 1) for 1990  | 5     | 51,300 |
| Total social security wages and tips (from form(s) W-2) and railroad retirement compensation (for 1)  Do not include Medicara qualified government wages on this line                                      |       | :      |
| Subtract line 6 from line 5. Enter the result. If the result is zero or less, do not file this schedule; you do not owe self-employment tax  |       | 51,300 |
| Erner the smaller of line 4 or line 7  |       | 924    |
| B. Rate of tax,  |       | x.153  |
| © S-M-employment tax. It line a is \$51,300, enter \$7,848.90. Otherwise, multiply the amount on line 8 by the decimal amount on line 9 and enter the result. Also enter this amount on Form 1040, line 48 | 10    | 141    |
| Note: Also enter one-half of this amount on Form 1040, line 25.  | 1.17. |        |

For Paperwork Reduction Act Notice, see Form 1040 instructions

Schedule SE (Form 1040) 1990

### Form 1116

Department of the Trees Interest Revenue Service

# Computation of Foreign Tax Credit

individual, Fiduciary, or Nonrealdent Alien Individual ► Attach to Form 1040, 1040NR, 1041 or 990-T. > See reparate Instructions

1990 CAttach ment 3ecvence Ne. 19

OWIE No. 1545-0121

identifying number of shown on page 1 of your tax return GEORGE H.W. & BARBARA P. BUSH Use a separate Form 1118 for each category of income listed below. Check only one box. Before you check a box, read Categories of Income on page 2 of the Instructions. This form is being completed for credit for taxes on: Lump-sum distributions (see instructions before Shipping income Passive income completing form) Dividende from a DISC or former DISC High withholding tex interest General limitation income - all other income from: Distributions from a foreign sales Financial services income sources outside the United States (including corporation (FSC) or former FSC income from sources within U.S. possessions) Resident of (name of country) > UNITED STATES Note: If you paid taxes to one foreign country, use column A in Part I and line A in Part II, If you paid taxes to more than one foreign country, use a separate column and line for each country. Part I the Taxable income from Sources Outside the United States Enter the Name of the Foreign Country or U.S. possession Total Foreign Country or U.S. Possession (Add Cole, A. B. and C) 8 A **VARIOUS** C 1. Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS & INTEREST 1 2.511 2,511 ան հայիլ Հայաստանի հայար Հայ լունաբանիկիրու (հային) e Berlindlinger geren from a partiri de la como de la como de la como de la como de la como de la como de la como de la como de la como d La como de la como de la como de la como de la como de la como de la como de la como de la como de la como de l Applicable deductions and losses (See Instructions): 2 Expenses directly allocable to income on line 1  $\mathcal{M}_{\mathcal{C}} \cong \mathcal{G}_{\mathcal{C}, t, s}^{*}$ 3. Pro rate share of all other deductions not directly allocable: Cartain remitted deductions or atanders deduction (see metroctions). . . . 97,189 2,511 Total foreign source Income (See Instructions) . . . . . . . Gross income from all sources (See 452,803 .005550 539 all hill altholic arass er salabán 129a والتلافين والمتاه المتارات اللازوي Home mortgage and personal interest (Enter the amount from line 7 of the worksheet on page 3 of the instructions.)...... 8 Add lines 2, 3g, 4a, 4b, and 5 . . . . . . . Part II Foreign Taxes Paid or Accrued Foreign Taxes Paid or Accrued Credit is charged for taxed (neck sea) in U.S. Dallars In Foreign Currency ñ (d) Other (h) Other (i) Tatal foreign Page 2 Taxes With held at Source on: Taxas Withhold at Source on Foreign Fareren TARRE Pard

Accrye 6 Taxes Find or Taxon Park or Accruad (Add Cale (b) Rents Approved (f) Apota Cate Park Accress (a) through (h) (a) Dividenda (c) Interest (a) Dividende (a) Interset and Royalbas and Royalties or Accres d 472 /21/90 472 8

# ALT MIN TAX

Department of the Treasury Internal Revenue Service

D71670

# Computation of Foreign Tax Credit

Individual, Fiduciary, or Honrasident Allen Individual ➤ Attach to Form 1040, 1040NR, 1041 or 990-T. > See separate instructions

identifying number as shown on page t of your tax return

QM 8 No. 1545-0121 91 - 27 ( 1990

Attochment 19

|          | GEORGE                                | H.W. 6                         | BARBARA                            | P. BUS                        | H<br>Chart arks   | me hov Refor                          | you check e box                       | read Categori  | les of                                       |                                 |
|----------|---------------------------------------|--------------------------------|------------------------------------|-------------------------------|---|---------------------------------------|---------------------------------------|--|--|---------------------------------|
| 24       | perste Form 111<br>on page 2 of the   | is for each ca                 | regory of incom<br>This form is be | ina com <b>olete</b> :        | d for credit for  | taxes on:                             |                                       |  |  |                                 |
|          | on page 2 oi un<br>veive income       | I ILIER OCCUPATION             |                                    | Shipping i                    | income  |                                       |                                       | -sum distribution  | ns (see instruct                             | ione before                     |
|          | gh withholding t                      | av Internat                    | <u> </u>                           |                               |   | or former DISC                        |                                       | eting form)<br>el limitation inco  | ا معالم الماء مناه                           | accorne from                    |
|          | du auritania i                        |                                | <u> </u>                           |                               | ns from a forei   |                                       | L& moserce                            | m outside the U  | nited States (in                             | cluding                         |
| FH       | INDICATE BALANCE                      |                                | <b>L</b>                           | corporate                     | on (FSC) or for   | mer FSC                               | Incom                                 | e from sources   | within U.S. pos                              | eccelons)                       |
| •        | t of (name of co                      | untry) 🏞 U                     | NITED \$                           | TATES                         |   | o Contil March                        | a aid tayes to may                    | n than one loss  | ion  |                                 |
| Ħ        | you paid taxes to<br>ountry, use a se | o one foreign<br>parata column | country, use or<br>and line for ex | olumn A in Pa<br>Ich country. | K I ANG BNO A I   | rt Part III, II you                   | peid taxee in mol                     |  |  |                                 |
|          | Taxable Inc                           |                                |                                    |                               | States  |                                       |                                       |  |  | · <u>·</u>                      |
| U        | ne Name of the                        | Foreign Cour                   | ntry or U.S. pe                    | nolesses                      |   | Foreign                               | Country or U.S.                       |  |  | Total                           |
| 7 A      | RIQUS                                 |                                |                                    |                               | ļ   | <u> </u>                              | <b>3</b>                              | C allude so.   | <del></del>                                  | Cols. A. B. and (               |
| _        | -                                     |                                |                                    |                               |   | the same                              | thomsould brokens                     |  |  |                                 |
|          |                                       |                                |                                    |                               | ) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) (1/3) |                                       |                                       |  |  |                                 |
| m        | se incomé from s                      | ources within                  | country showt                      | 1                             |   |                                       |                                       |  |  |                                 |
| <b>.</b> | ve and of the typ                     | e checked at                   | vove (see instru                   | ictions):                     |   |                                       |                                       |  |  |                                 |
| ) T      | VIDENDS                               | & INTER                        | REST                               | ·<br>                         | <b></b>   |                                       |                                       |  |  |                                 |
|          |                                       |                                |                                    |                               |   |                                       |                                       |  |  |                                 |
| -        |                                       |                                |                                    |                               |   |                                       |                                       | s du du  |  | _                               |
| -        |                                       |                                |                                    |                               |   | 2,511                                 |                                       |  | 1  | 2,51                            |
|          | ble deductions                        | and inseed (                   | See Instructio                     | ns):                          | (i)<br>(i)  | Manual States                         | and the second second                 | ومنا أشارا الأستخلال والأ  |  |                                 |
|          | eness directly al                     |                                |                                    |                               |   |                                       |                                       | İ  |  |                                 |
|          | enses crecky w<br>ach schedule) .     |                                |                                    | <b></b>                       |   |                                       |                                       |  |  |                                 |
|          | rets share of all                     |                                |                                    |                               |   | All filles and a                      | asilia el tar                         | and the state of t |  |                                 |
|          | rece share of an<br>cable:            | Of Mar Character               | O14 101 0 0 0 0 0                  |                               |   |                                       |                                       | The same of the fight  | an Michigan                                  |                                 |
|          |                                       |                                | sweets seducti                     | on leas matrichs              |   | 38,997                                |                                       | <u> </u>   |  |                                 |
|          |                                       |                                | chedule)                           |                               |   | 71                                    |                                       |  | 0 10 10 10                                   |                                 |
| t        |                                       |                                |                                    |                               |   | 39,068                                |                                       |  |  |                                 |
| •        |                                       |                                | ne (See Instruc                    |                               |   | 2,511                                 |                                       |  |  |                                 |
| •        |                                       |                                |                                    | ,                             | , ,   |                                       |                                       |  |  |                                 |
| •        |                                       | ne from all sou                |                                    |                               | l l   | 452,803                               |                                       | ļ  |  |                                 |
|          |                                       |                                |                                    |                               |   | .005550                               |                                       |  |  |                                 |
| 1        |                                       |                                |                                    |                               |   | 217                                   |                                       |  |  |                                 |
| •        | g Multiply line                       | 3c by line 3t .                |                                    |                               | · · · · · · · · · · · · · · · · · · ·   |                                       | and the second second second          | Talle in the Change I  |  |                                 |
| . 1      | Pro rata share of                     |                                |                                    |                               | · · · · · · · i 'itailli  | Blidglight Belling a com-             | Jacobski seri sebilikan dipilikah bal | rykają. Prącianym stataitikai (192 <b>9) d</b> iek   | Manager Co.                                  |                                 |
| 4        |                                       |                                | onel interest (E                   |                               |   |                                       |                                       | ĺ  |  |                                 |
|          | <del>-</del> · - · ·                  |                                | the worksheet                      |                               | ļ   |                                       |                                       |  |  |                                 |
|          | page 3 of th                          | e instructions.                | .)                                 |                               | · · · · · · · · · · · · · · · · · · ·   |                                       |                                       |  |  |                                 |
| ı        | <ul> <li>Other interes</li> </ul>     | <b>st</b>                      |                                    |                               | · · · · · · <del> </del>  | · · · · · · · · · · · · · · · · · · · |                                       | <u> </u>   |  |                                 |
| 6 1      | Losses from fore                      | ign sources                    |                                    |                               | ····-   |                                       | <del></del>                           | <del></del>  |  |                                 |
|          |                                       |                                |                                    |                               |   |                                       |                                       | į  |  | 2                               |
|          | Add Inee 2, 3g,                       | 4e, 4b, end 5                  |                                    |                               | <u> </u>  | 217                                   |                                       |  |  | 2.2                             |
| Su       |                                       |                                |                                    | and on the 1                  | <del>•</del> •••••  |                                       |                                       |  |  |                                 |
| σĺ       | II Foreign T                          | axes Pald or                   | Accrued                            |                               |   |                                       |                                       | ,  |  | ····                            |
| Τ        | Credit is claimed for terms           |                                |                                    |                               | Fo  | rings Taxes Paid o                    | r Accrued                             |  |  |                                 |
| 7        | n must thack one):                    |                                | in Farmy                           | n Gurrency                    | T   | ļ                                     |                                       | in U.S. Dellare  | T  |                                 |
| l        | X Pard                                | Tam                            | w With hald at Sou                 | roe en:                       | (d) Other<br>Foreign  | Tax                                   | es Withheld at Sourc                  | e en   | (h) Other<br>Foreign                         | (I) Total Forei<br>Taxes Pard o |
| 1        | Aconst                                |                                |                                    |                               | Taxes Paid or   |                                       |                                       |  | Taxes Part or                                | Acorus d'Add C                  |
| Г        | Quin Faid                             | (A) Dividende                  | (b) Renta                          | (c) Interest                  | Acarres   | (e) Dividends                         | (f) Rents                             | (g) interest   | Aconsed                                      | (e) through (h)                 |
|          | or Acerused                           |                                | and Royalties                      |                               | 1   | 1                                     | and Royelbes                          |  |  | 1                               |
| þ        | 2/31/90                               | <u> </u>                       | <u> </u>                           |                               | <u> </u>  | 47                                    | 2                                     | ļ  | <del> </del>                                 | 47                              |
| T        | T. J T T J                            |                                |                                    |                               |   | L                                     |                                       | <u> </u>   | <u> </u>                                     | <del></del>                     |
| 1        |                                       |                                | I                                  |                               |   | <u></u>                               |                                       | <u> </u>   | <u>.                                    </u> | <del> </del>                    |
| -        | <del></del>                           |                                |                                    |                               |   |                                       |                                       |  |  | 1                               |
|          |                                       |                                |                                    | hers and on i                 |   |                                       |                                       |  | <u> </u>                                     | • 47                            |

Form 1116 (1890)

| P   | Figuring the Credit  |                 | . <u></u>           |              |         |
|-----|--|-----------------|---------------------|--------------|---------|
| •   | Enter amount from line 8. This is the total foreign taxes paid or  |                 |                     |              |         |
| •   | accrued for the category of income checked above in Part I   |                 | 472.                |              |         |
|     |  |                 | ı                   |              |         |
| 10  | Carryback or carryover (attach detailed computation)   | 10              |                     |              |         |
|     |  | ]               | 450                 |              |         |
| 11  | Add lines 9 and 10   | 11              | 472.                | retu.        |         |
|     |  | _               |                     |              |         |
| 12  | Reduction in foreign taxes (see Instructions)  | _12             |                     |              |         |
|     | man and the second seco |                 |                     | 13           | 472.    |
|     | Subtract line 12 from line 11. This is the total amount of foreign taxes available   | FOY CYBOIL      | . ,                 | alatha.      | 7/2:    |
| 14  | Enter amount from line 7. This is your taxable income or (loss) from   | LI              |                     |              |         |
|     | sources outside the United States (before adjustments) for the category of income checked above Part I. (See Instructions)   | 1,,             | 2,294.              |              |         |
|     | CEREBOLA OL HISTORIE CHIECURA REPOLA LINET (CAR HIMA POSOLIA)  | <del>  '-</del> | 6,634.              |              |         |
| 4.5 | Adjustments to line 14 (See Instructions)  | 1,5             |                     |              |         |
|     | Combine the amounts on line 14 and line 15. This is your net foreign source to   |                 | ome (II the         | 1944111441-1 |         |
| 10  | Combine the amounts on line 14 and line 15. The selyour het foreign source to<br>nearly to zero or less, you have no foreign tax credit for the type of incoma you?  |                 | *                   | li           |         |
|     | Skip lines 17 through 21.)   |                 | • •                 | 16           | 2,294.  |
| 47  | Individuals: Enter amount from Form 1040, line 35. If you are a  |                 |                     |              |         |
| **  | nonrecident aften, enter amount from Form 1040NR, line 33. Estates and   | 1 1             |                     |              |         |
|     | trusts: Enter your taxable income without the deduction for your exemption   | 17              | 422,503.            | 10 m         |         |
|     | ,  |                 |                     |              |         |
| 18  | Divide line 16 by line 17. (If line 16 is more than line 17, enter the figure "1.")  | <b></b>         |                     | 10           | .005430 |
|     | Individuals: Enter amount from Form 1040, line 40, less any amounts on Form  |                 |                     |              |         |
| ••  | 42. Erner emount from Form 1040NR, line 38 less any emount on Form 1040N   |                 |                     |              |         |
|     | and trusts: Enter amount from Form 1041, Schedule G, line 1c, or Form 990-7  | -               |                     | 19           | 88,726. |
|     |  |                 |                     |              |         |
| 20  | Mustiply line 19 by line 18, (Maximum amount of credit.)   |                 |                     | 20           | 482.    |
|     | Enter the amount from line 13 or line 20, whichever is smaller. (If this is the only   |                 |                     |              |         |
|     | completing, skip lines 22 through 29 and enter this amount on line 30. Otherw  | ise, comp       | lete the            |              |         |
|     | appropriate lines in Part IV.)   |                 | <u> ▶</u>           | 21           | 472.    |
| D   | of IV Summary of Credits from Separate Parts III (See Instructions.)   |                 |                     |              |         |
|     |  | <del></del>     |                     |              |         |
|     |  | 1               |                     |              |         |
| 22  | Credit for taxes on passize income   | 22              |                     |              |         |
|     |  |                 |                     |              |         |
| 23  | Credit for taxee on high withholding tax interest  | 23              |                     | Espairo II   |         |
|     |  |                 |                     |              |         |
| 24  | Credit for taxes on financial services income  | 24              | ······              |              |         |
|     |  |                 |                     | 1 10 1       |         |
| 25  | Credit for taxes on shipping income  | 25              |                     |              |         |
|     |  |                 |                     |              |         |
| 24  | Credit for taxes on dividends from a DISC or former DISC   | 26              |                     |              |         |
|     |  | 1 !             |                     |              |         |
| 27  | Credit for taxes on distributions from a FSC or former FSC   | 27              |                     |              |         |
|     |  | _               |                     |              |         |
| 25  | Credit for taxes on lump-num distributions   | . 28            |                     |              |         |
| 29  | Credit for taxes on general limitation income (all other income from   |                 |                     |              |         |
|     | sources outside the U.S.)  | . 29            | 472.                |              |         |
|     |  |                 |                     |              |         |
|     | Add lines 22 through 29  |                 |                     | 30           | 472.    |
| 31  | Reduction of credit for international boycott operations (see "Reduction of Cred   |                 |                     |              |         |
|     | Boycott Operations in instructions for line 12)  |                 |                     | 31           |         |
| 32  | Subtract line 31 from line 30. This is your foreign tax credit. Enter here and or  |                 |                     |              |         |
|     | Form 1040NR, line 40; Form 1041, Schedule G. line 2a; or Form 990-T, line 9a   |                 | <i></i> <b>&gt;</b> | 32           | 472.    |

91 - 2973

·-- 6251

Department of the Treasury Internal Revenue Service

# Alternative Minimum Tax - Individuals

▶ See separate Instructions.

P Attach to Form 1040 or 1040NR. Estates and trusts, use Form 8656.

OMB No. 1545-0727

1990

Attachment Sequence Na. 32

#### Hamelel de shawn an Farm 1040 GEORGE H.W. & BARBARA P. BUSH 1 Taxable income from 1040, line 37, (if Form 1040, line 37 le zero, ace instructions.) 2 Net operating loss deduction, if any, from Form 1040, line 22. (Enter as a positive amount) . . 351. 514 3 Adjustments: (See Instructions before completing.) 4,100 46 4c 27.897 Miscellaneous itemized deductions from Schedule A, (Form 1040), line 25 . . . . 4d 40 41 40 46 41 8.768 41 k. Circulation and research and experimental expenditures paid or incurred after 1986 4k I. Mining exploration and development costs paid or incurred after 1988 . . . . . . 41 40 40 40 4a 4r 49 Reneficiaries of estates and trusts. 70.989 444 Tax preference flems: (See instructions before completing.) Tax-exampt interest from private activity bonds issued after 8/7/86 . . . . . . . . Depletion. 5c 50 d. Accelerated depreciation of real property placed in service before 1957 . . . . . Accelerated depreciation of leased personal property placed in service before 1987 5e Amortization of certified pollution control facilities placed in service before 1987. . . Sh 422,503 7 Atternative tax not operating loss deduction (Do not enter more than 90% of line 6). See instructions . . . . . . . 422.503 Alternative minimum taxable income. Subtract line 7 from line 6. If married filing a separate return, see instructions . 40.000 . Enter: \$40,000 (\$20,000 If merried fling separately; \$30,000 If single or head of household) . . . . . . . . . . . . . . 150,000 Enter: \$150,000 (\$75,000 If married filing separately; \$112,500 If single or head of household). . . . . . . . . . . . 10 10 272,503 Subtract line 10 from line 8, if zero or less, enter -0- here and on line 12 and go to line 13 . . . . . . 11 12 68,126 Subtract line 12 from E. J. B. If zero or less, enter -0-. If completing this form for a child under age 14, see 13 14 422,503 Subtract line 13 from line 8, if zero or less, enter -0- here and on line 19 and skip lines 15 through 18 14 88.726 15 16 472 17 254 Enter your tax from Form 1040, line 38, minus foreign tax credit on Form 1040, line 43. If an amount 99.100 18 Alternative minimum tax. Subtract line 18 from line 17, if zero or less, enter -0-. Enter this amount on Form 1040, fine 49, if completing this form for a child under age 14, see instructions for amount to enter .

, 2210

### 91-20: 860 Mg. 1415-0140 Underpayment of Estimated Tax by Individuals and Fiduciaries

> See separate instructions

1990

Attach ment

Mame(s) as shown on tax return

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1940, Form 1949A, or Form 1941

Seguence He. 44

identiying number

GEORGE H.W. & BARBARA P. BUSH

### A Change To Note

In response to many requests to simplify Form 2210, IRS has developed a new Short Method to figure the penalty. To see if you can use the short method, read the instructions on this page. Then, if you can use it, complete only Parts I and II below.

#### Purpose of Form

Use Form 2210 to see if you owe a penalty for underpaying your estimated tax and, it you do, to figure the amount of the penalty.

if you prefer, IRS will figure the penalty for you and send you a bill, But see Lowering Your Penalty below, if you want IRS to figure the penalty for you, leave the penalty line on your return black; do not the Form 2210.

#### Lowering Your Penalty

If any of the conditions below applies to you, you may be able to lower the amount of your penalty. But you must complete and attach Form 2210 to your tax return to do so, in the space next to the penalty amount on your tax return, you must write the letter (A, 8 or C) that corresponds to any of the following conditions that applies to you.

- A. You claim a walver. See page 1 of the separate instructions.
- B. Your income varied during the year and you use the annualized Income installment method to figure your required installment payments. See the instructions for line 20.
- C. You had Federal income tax withheld from your wages and you treet it as being paid when it was actually withheld (instead of in four equal amounts). See the instructions for line 21.

the said to the said

### Short Method

If you made estimated tax payments, you may use the short method only it.

- You paid your estimated tex in four equal amounts, and
- e. You paid your estimated tax on the due dates.

You may also use the short method if you inside no payments at all, or your only credit for payment was due to Federal income tax withholding.

Note: If you made estimated tax paymonts, the short method will give the precise penelty amount only it your payments were made exactly on the due dates. If any payment was made early, using the short method may cause you to pay a larger penalty than the regular method. If the payment is only a law days early, the difference generally will be small.

Although line 17 of the short method requires a five-place decimal computation, it will relieve you of making the more complicated computations under the regular method.

Do not use the short method if you made any of your estimated tax payments late.

You must use the regular method if B or C under Lowering Your Penalty applies. But if A applies, and you meet the conditions above, you may use the short method.

### Regular Method

Use the regular method to figure the penalty if you did not pay your estimated tax payments on the due dates or in four equal amounts. To use the regular method, complete Part I below and Part III on the back.

| PR           | It - Madditag without Labitistic - As togs trong conduction and her   | $\overline{}$      | <del></del> |
|--------------|---|--------------------|-------------|
| 1            | Enter your 1990 tex after credits (from Form 1040, line 47; Form 1040A, line 25, or Form 1041,                    | e<br>Georgia       |             |
|              | Schedule G, line 4)   |                    | 99,100      |
| 2            | Other taxes (see instructions)  |                    | 141         |
| 3            | Add lines 1 and 2   |                    | 99,241      |
| 4            | Earned income credit  |                    |             |
| 5            | Credit for Federal tax on fuels.  | # <u></u>          |             |
| •            | Add lines 4 and 5   |                    |             |
| 7            | Current year tax. Subtract line 6 from line 3   | 7                  | 99,241      |
|              | Multiply line 7 by 90% (.90) and enter the result   | estado de          |             |
| •            | Withholding taxes from 1920 Form 1040, lines 55 and 59; Form 1040A, line 28a; or Form 1041, line 24e.             | i                  |             |
| -            | Include any credit from Form 4469. (Do not include any estimated tax payments on this line)                       |                    | 61.370      |
| 10           | Subtract line 3 from line 7. If the result is less than \$500, stop here; do not complete or file this form. You  |                    |             |
|              | do not owe the penalty  | 10                 | 37,871      |
| 11           | Enter your prior year (1968) tax. (Caution: See Instructions.)  | 11                 | 101,382     |
| 12           | Required annual payment, Enter the emailer of the 8 or line 11 (see instructions)                                 |                    | 89,317      |
|              | Note: If line 6 is equal to or more than line 12, stop here. You do not owe the penalty.                          |                    |             |
| Pari         | III Short Method - It you made estimated tax payments, use this method only if they were paid on the due dates an | d                  |             |
| and a second | in four equal amounts. Otherwise, use the regular method (Part III) on the back.                                  |                    |             |
| 13           | Enter the amount, if any, from line 8 above   | n in               |             |
| 14           | Enter the total amount, ill arry, of setimated tax payments you made  |                    |             |
| 15           | Add lines 13 and 14   | 15                 |             |
| 16           | Total underpayment for year. Subtract line 15 from line 12. (If the result is zero or less, stop hore; you do     | 1 1                |             |
|              | got own the persety.)   | 18                 |             |
| 17           | Multiply line 16 by .07315 and enter the result.  | 17                 |             |
| • •          | <ul> <li>If the amount on line 16 was paid on or after 4/15/91, entire -0−.</li> </ul>                            | \$4 · · · ·        |             |
| ••           | If the amount on line 16 was paid before 4/15/\$1, make the following computation to find the amount              | 10 jan 1           |             |
|              | to enter on line 18. Amount on Number of days paid before   |                    |             |
|              | line 18 4/15/91 (see Instructions) X .0003  | 16                 |             |
| 19           | PENALTY, Subtract line 18 from line 17, Enter the result here and on Form 1040, line 67; Form 1040A,              |                    |             |
| 17           | Ine 33; or Form 1041, line 26.  | 19                 |             |
|              |   | <u>* - ' = _</u> . |             |

| A-4 | I Hedray wearon  | Payment Due Dates |                |   |                |                               |  |  |
|-----|--|-------------------|----------------|---|----------------|-------------------------------|--|--|
| Sec | tion ∧ - Figure Your Underpsyment  |                   | (a)<br>4/15/90 | (Þ)<br>6/15/90                          | (c)<br>9/15/90 | (d)<br>1/15/21                |  |  |
| 20  | Required Installment. Divide line 12 by 4 and enter the result in each column. Exception: If you use the annualized income installment method, see the instructions and check this box | 20                | 22,329         | 22.329                                  | 22,329         | 22,330                        |  |  |
| 21  | Estimated tax paid and tax withheld. (See instructions.) For column (a) only, also enter the amount from line 21 on line 25.   | 21                | 27,343         | 29,343                                  | 31,343         | 25.341                        |  |  |
|     | If line 21 is equal to or more than line 20 for all payment periods, stop here; you do not owe the penalty. But see "Lowering Your Penalty" on page 1.                                 |                   |                |   |                |                               |  |  |
| 22  | Enter amount, if any, from line 26 of previous column  | 22                |                |   |                | <del></del>                   |  |  |
| 23  | Add lines 21 and 22  | 22                |                | · · · - · - · - · · · · · · · · · · · · |                |                               |  |  |
| 24  | Enter the total here ,   | 24                |                |   |                |                               |  |  |
| 2\$ | For column (a) only, enter the amount from line 21   | 25                |                | <u> </u>                                |                | ,,, <del>-112</del> 1, ,,,-11 |  |  |
| 26  | Remaining underpayment from previous period. If the<br>emount on line 25 is ~0~, subtract line 23 from line 24<br>and enter the result. Otherwise, enter ~0~                           | 26                |                |   |                |                               |  |  |
| 27  | Underpayment. If line 20 is equal to or more than line 25, subtract line 25 from line 20. Then go to line 21 of  |                   |                |   |                |                               |  |  |
| 28  | next column. Otherwise go to line 28   | 27                |                |   |                |                               |  |  |

# Section 8 - Figure the Penalty (Complete lines 29 and 30 of one column before going to the next column.)

|    |   |    | 4/15/90 | 8/15/90 | 9/15/90      | 1/15/91 |
|----|---|----|---------|---------|--------------|---------|
| 29 | Number of days FROM the date shown above line 29 TO the date the amount on line 27 was paid or 4/15/91, whichever is earlier. | 29 | Deys:   | Days:   | Daya:        | Days:   |
| 30 | Number of days on line 29 x .11 x underpayment on 365 Ene 27 (see instructions) >   | 30 | s       | 3       | 8            | \$      |
| 31 | PENALTY. Add the amounts in each column of line 30. E. Form 1040A, line 33; or Form 1041, line 28                             |    |         |         | <b>.▶</b> 31 | s NONE  |

TRUST

ENTERTAINMENT

LESS 20% ADJ

| GEORGE H.W. & BARBARA P. BUSH  |                        |
|--|------------------------|
| STATEMENT A-1  | 97 - 2973              |
| STATE AND LOCAL TAXES PAID   |                        |
| STATE AND LOCAL INCOME TAXES   | 3,596                  |
| TOTAL STATE & LOCAL TAXES PAID CARRIED TO SCHEDULE A, LINE 5   | 3,596 **               |
| **************************************   | 经表面包含在在全世纪里是有些有一种。     |
| PERSONAL PROPERTY TAXES  | 156                    |
| TOTAL OTHER TAXES EXPENSE CARRIED TO SCHEDULE A, LINE 7  | 156 **                 |
| ******* PERSONAL INTEREST EXPENSE ******   |                        |
| PERSONAL INTEREST  | 41                     |
| TOTAL PERSONAL INTEREST EXPENSE CARRIED TO SCHEDULE A, LINE 12A  | 41 ★*                  |
| ======================================   |                        |
| VARIOUS ORGANIZED CHARITIES FROM ESTATE/TRUST 52-6224648   | 38,567<br>330          |
| TOTAL INCLUDED IN SCH. A, LINE 14  | 38,997 **              |
| ****** MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% FLOO   | )R massessmann         |
| EXPRESS CHGS RE TAX INFORMATION LEGAL FEES-TAX ADVICE/OTHER MATTERS FEES & SEC. 212 EXP THROUGH PRESIDENT AND MRS. GEORGE BUSH QUALIFIED BLIND | 33<br>20,500<br>15,753 |

833

(167)

CARRIED TO SCHEDULE A, LINE 21

TOTAL MISC. DEDNS. SUBJECT TO LIMIT 36,952 \*\*

666

| 推举来域穴建工来来包含这是是我性性就是 | SUMMARY OF RENTS AND             | ROYALTIES ###### |                        |
|---------------------|----------------------------------|------------------|------------------------|
| PROPERTY NO.        | GROSS DEPLETION INCOME DEPRECIAT | ·                | net net<br>Loss profit |
| NO. 1 T (royalty)   | 14,084                           | 7,042            | 7,042                  |
| TOTALS:             | 14,084                           | 7,042            |                        |
| SCH. E, LINE 25: TO | TAL FROM PROPERTIES W            | ITH PROFITS      | 7,042                  |
| SCH. E, LINE 26: TO | TAL FROM PROPERTIES W            | ITH LOSSES       | 0                      |

| * *************** STATEMENT OF WAGES AND | SALAKY ING     | OME                  |                      |
|--|----------------|----------------------|----------------------|
| T/S NAME OF EMPLOYER                     | GROSS<br>WAGES | FICA TAX<br>WITHHELD | FED. TAX<br>WITHHELD |
| T THE WHITE HOUSE                        | 200,000        | 3,924                | 61,370               |
| TOTALS                                   | 200,000        | 3,924                | 61,370               |

| i        | Control number                            | ONIB NO 1545-0008                      | Bur.  | Reg.    | Off.        | F.O.C.   |              | •           | Pension<br>Plan | Dete<br>Compe |        | Re-rasue    |
|----------|---|--|-------|---------|-------------|----------|--------------|-------------|-----------------|---------------|--------|-------------|
| 2        | Employer's name, address, and ZIP code    |  | 1     |         |             |          | ł            |             |                 | - 1           | -      | 1 11        |
|          | The White House                           |  | ì     | l       | <u>l</u>    |          |              |             |                 |               |        |             |
| ĺ        | Office of Administrat                     |  | 7     | Allocat | ed ups      |          |              | 8           | Advano          | e EIC p       | Myme.  | ᅄ           |
|          | Personnel Management                      | Division                               |       |         |             |          |              |             |                 |               |        |             |
| İ        | Room 4013, NEOB, 725                      | 17th Street NW                         | 9     |         | Income      |          |              | 10          | Wages,          |               |        |             |
|          | Washington, D. C. 205                     |  | L     | \$61    | ,369        | ).56     |              |             | \$2             | 00,0          | 00.0   | 00          |
| 3        | Employer's Identification number 4 Emplo  |  | 11    |         | , 924       |          |              | 12          | Social s        | ounty w       |        | ا د         |
| \$       | Employee's social security number         |  | 13    | Social  | secuni      | y ups    |              | 14          | Nonqu           | alified p     | lans   |             |
| 19       | Employee's name, address and ZIP cod      | 9                                      |       | 15      | Depend      | Merit Ca | re benefits  | 10          | Fringe          | benefits      | nd. i  | n Box 10    |
|          | George H. W. Bush                         |  |       | 17      | <del></del> |          |              | 11          | Other           |               |        |             |
|          | The White House<br>Washington, D. C. 20   | 500                                    |       |         | · · · · · · |          |              | <u>.</u>    |                 | ,             |        |             |
| <u> </u> | 21 22 22                                  | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | and . | The     | nocali tec  | anty min | d            |             | ho.             | AČRII         |        |             |
| · 20     | 21 22                                     |  | 11/   |         |             |          | Denetics and |             |                 |               | 6      | recipient   |
| 24       | State Income tax 25 State wages, less, of | L 26 Name of state                     | 27    | Local   | Income      | Lax      | 28 Local w   | <b>9</b> 70 | e, tipe, etc    | 29 N          | iame c | of locality |
| 30       | 0 401(k) Federal Arm. 31 401(k) State Arm | L 32 401(k) Local Amil.                | 33    | Nedicar | 1 Ex wil    | Tell     | 34 Medici    | are         | Wages           |               |        | _           |
|          |   |  |       |         |             |          |              | _           | - 1 O           | ٠             |        |             |

Ver W-2 Wage and Tax Statement 1990 This info

Dept. of the Treasury – Internal Revenue Service
This information is being furnished to the Internal Revenue Sarvice.

GEORGE H.W. & BARBARA P. BUSH

WHEN PROPERTY OF KISCELLANEOUS INCOME WHEN PROPERTY OF KISCELLANEOUS INCOME

T/S DESCRIPTION

MOUNT

FRD. TAX

8 SIGNER'S FEE--READER'S DIGEST (BARBARA P. BUSH) 1,000

TOTALS

1,000 \*\* CARRIED TO FORM 1040, LINE 22

### GEORGE H. W. AND BARBARA P. BUSH 1990 CHARITABLE CONTRIBUTIONS

| Ducks Unlimited Foundation Long Grove, IL                     | \$<br>200 |
|---|-----------|
| The Nature Conservancy Arlington, VA                          | 35        |
| 1st Congregational Church<br>Kennebunkport, ME                | 4,500     |
| St. Ann's Episcopal Church<br>Kennebunkport, ME               | 250       |
| St. Martin's Episcopal Church<br>Houston, TX                  | 1,300     |
| Episcopal Church Foundation<br>New York, NY                   | 250       |
| St. John's Church<br>Washington, DC                           | 650       |
| River Tree Arts<br>Kennebunkport, ME                          | 50        |
| American Red Cross<br>Washington, DC                          | 1,000     |
| Black Student Fund<br>Washington, DC                          | 500       |
| The Living Bank<br>Houston, TX                                | 100       |
| The DeBakey Medical Foundation<br>Houston, TX                 | 500       |
| Sloan-Kettering Institute for Cancer Research<br>New York, NY | 800       |
| Leukemia Society<br>Houston, TX                               | 200       |

### GEORGE H. W. AND BARBARA P. BUSH 1990 CHARITABLE CONTRIBUTIONS (Continued)

91 - 2973

| United Way                                   | \$<br>300 |
|--|-----------|
| Biddeford, ME                                |           |
| Trustees of Phillips Academy Andover, MA     | 1,000     |
| United Negro College Fund<br>New York, NY    | 5,521     |
| M. D. Anderson Cancer Center<br>Houston, TX  | 4,521     |
| Yale University<br>New Haven, CT             | 500       |
| Alumni<br>Class of 1948                      | 500<br>40 |
| Camp David Chapel Fund<br>Chambersburg, PA   | 2,000     |
| Maine Medical Center<br>Portland, ME         | 500       |
| Morehouse School of Medicine<br>Atlanta, GA  | 1,000     |
| Philosophical Society of Texas<br>Austin, TX | 50        |
| United Way<br>Houston, TX                    | 1,000     |
| Combined Federal Campaign<br>Washington, DC  | 2,000     |
| Star of Hope Mission<br>Houston, TX          | 300       |
| Salvation Army<br>Houston, TX                | 1,000     |

### GEORGE H. W. AND BARBARA P. BUSH 1990 CHARITABLE CONTRIBUTIONS (Continued)

| Ashley Hall Foundation  | \$<br>100 |
|---|-----------|
| Charleston, SC  | 250       |
| Kennebunkport Fire Company Kennebunkport, ME                          | 250       |
| Sweetser Childrens Home<br>Saco, ME                                   | 100       |
| The Barbara Bush Foundation<br>for Family Literacy<br>Washington, DC  | 1,000     |
| Nina Hyde Breast Cancer Center (Georgetown University) Washington, DC | 100       |
| AME Zion Church<br>Washington, DC                                     | 250       |
| Ted Wolf Trust Fund (Maryland State Trooper Lodge) Laurel, MD         | 250       |
| Brick Store Museum<br>Kennebunk, ME                                   | 50        |
| National Audubon Birdathon<br>Washington, DC                          | 100       |
| Uniformed Division Police Benefit Fund Washington, DC                 | 200       |
| Shiloh Baptist Church<br>Washington, DC                               | 500       |
| Alumni of Smith College<br>Northhampton, MA                           | 200       |
| Wildwood Volunteer Fire Dept.<br>Kennebunkport, ME                    | 100       |
| American Lung Association<br>New York, NY                             | 200       |

### GEORGE H. W. AND BARBARA P. BUSH 1990 CHARITABLE CONTRIBUTIONS (Continued)

| Thyroid Foundation<br>Boston, MA                                | \$ 1,000     |
|---|--------------|
| National Rehabilitation Hospital Washington, DC                 | 500          |
| United Service Organization Washington, DC                      | 1,000        |
| Houston School for Deaf<br>Houston, TX                          | 500          |
| Louis T. Graves Memorial Library<br>Kennebunkport, ME           | 100          |
| Wiley College<br>Marshall, TX                                   | 500          |
| Bread for the City<br>Washington, DC                            | 100          |
| Crohns & Colitis Foundation<br>New York, NY                     | 1,000        |
| Reynolds G. Garza Law School<br>Edinburgh, TX                   | 500          |
| SUB-  | TOTAL 38,667 |
| Through President and Mrs. George<br>Bush Qualified Blind Trust | 330          |
| TO  | TAL \$38,997 |

# 1991 Tax Form 1040

DOC 92-4012

| 1040                                  |            |                | partment of the Treasury - Internal Revenue Service 1991 S. Individual Income Tax Return   | )oc c                   | 7L-                    | 4012   |
|---------------------------------------|------------|----------------|--|-------------------------|------------------------|--|
| _abel '                               | For the    |                | Jan Dec. 31, 1931, or other tax year beginning , 1991, anding  |                         | 19                     | OMB No. 15 - 00/4  |
|                                       |            | -              | me and midset  |                         | Your so                | icial security number  |
|                                       | C 17/      |                | E H.W. BUSH  |                         |                        |  |
| n page 11.)                           |            |                | E. H. W. BUSH st name and initial Last mame  |                         | Spouse                 | 's social security number  |
| ŀ                                     |            |                |  |                         |                        | •  |
| r                                     | BAI        | RBA            | RA P. BUSH   | <del></del>             | For Pd                 | vacy Act and   |
| therwise                              |            | vork Reduction |  |                         |                        |  |
| lease print<br>r lype                 | C/C        |                | ESSEMER TRUST COMPANY, N.A.  |                         | •                      |  |
| ,,,,                                  | 636        | 0 F            | IFTH AVENUE-TAX DEPT   |                         |                        | uca, see   |
| Presidential                          | NEV        |                |  |                         | Instruc                | uons.  |
| Election Camp                         | paign      | N I            | o you want \$1 to go to this lund?   | J                       |                        | Note: Checking Yest will   |
| See page 11                           | )          | <b>7</b> t     | joint return, does your spouse want \$1 to go to this fund?  | <u> </u>                | No -                   | not Change your tax<br>or raduce your tefund   |
|                                       |            | 1              | Single   |                         |                        |  |
| Filing Stat                           | tus        | 2              | X Married filing joint return (even if only one had income)  |                         |                        |  |
| · ····· · · · · · · · · · · · · · · · |            | 3              | Married filling separate return. Enter spouse's social security no. above and tu   | il name here            |                        |  |
|                                       |            |                | <del></del>  |                         |                        |  |
| Check only                            |            | 4              | Head of household (with qualifying person). (See page 12.) If the qualifying p   | erson is you            | r CHIID B              | iui not your   |
| one bax.                              |            | _              | dependent, enter this child's name here.   |                         |                        | ······································   |
|                                       |            | 5              | Ouzlifying widow(er) with dependent child (year spouse died > 19 ). (Set   |                         |                        |  |
| Exemption                             | ns         | 6a             | return, do not check box 5a. But be sure to check the box on line 33   | ib on page 2            | _                      | Ho. of boxes checked on the and the an |
| (See page 1:                          | 2.) —      |                | X Spouse   |                         |                        | No. 01 your  |
|                                       |            | C              | Dependents (2) Check (3) If age 1 or older, (4) Dependent dependent's relationship   |                         | gf manth<br>din yawr   | children on 65   |
|                                       | _          |                | (1) Name (first, initial, and last name) age 1 social security number you  | ham                     | e in 1991              | # <b>n</b> 0:  |
|                                       |            |                |  |                         |                        | • hvad with you  |
|                                       |            |                |  |                         |                        | ● didn't kye with  |
|                                       | . –        |                |  |                         |                        | you due to divarce   |
| more than 7                           | _          |                |  |                         |                        | or separation (see   |
| iependents,<br>see page 13.           | _          |                |  | <del>'  </del>          |                        | page 14)   |
| eo puga 10.                           |            |                |  |                         | -                      | dependents   |
|                                       | _          |                |  |                         |                        | on 8¢  |
|                                       | _          |                |  |                         |                        | Add numbers  |
|                                       |            |                | If your child dign't hive with you but is claimed as your dependent under a pre-1985 agreement, chack  |                         | • 📖                    | antered on   |
|                                       |            |                | Total number of exemptions claimed   |                         |                        |  |
| _                                     |            | 7              | Wages, salaries, tips, etc. (attach Form(s) W-2.)  |                         | . 7                    | 200,000  |
| Income                                |            | 82             | Taxable interest income (also attach Schedule B if over \$400)   |                         | . 8a                   | 15,269   |
| Attach                                |            | b              | Tax-exempt interest income (see pg. 16) DON'T include on line 8a _ 6b  | 3,104                   |                        |  |
| Copy B of yo                          | <b>JUF</b> | 9              | Dividend income (also attach Schedula B if over \$400)   |                         | . 9                    | 9,545  |
| Forms W-2                             |            | 10             | Taxable refunds of state and local income taxes, if any, from worksheet on page 16.  |                         | . 10                   |  |
| W-2G, and                             |            | 11             | Alimony received   |                         |                        | 1  |
| 1099-R here                           | 1,         | 12             | Business income or (foss) (affach Schedule C)  |                         |                        |  |
| If you do not                         |            |                |  | •                       |                        | 40 047   |
| have a W-2,                           | <b>580</b> | 13             | Capital gain or (loss) (attach Schedule D)   |                         | _                      | 40,847   |
| page 10.                              |            | 14             | Capital gain distributions not reported on line 13 (see page 17)   |                         |                        | ļ  |
|                                       |            | 15             | Other gains or (losses) (attach Form 4797) ,   |                         |                        |  |
|                                       |            | 152            | Total IRA distributions 15a 15b Taxable amoun  | it (see page            | 17) <mark>: 166</mark> |  |
|                                       |            | 172            | Total pensions and annuities . 172 17b Taxable amoun   | it (see page            | 17) <u>17</u> 5        |  |
|                                       |            | 18             | Rents, royahios, partnerships, estates, trusts, etc. (attach Schedule E)   |                         | . 18                   | 1063,919   |
| Attach check                          |            | 19             | Farm income or (loss) (attach Schedule F)  |                         | _                      |  |
| money order                           | ron        | 20             | Unemployment compensation (insurance) (see page 18)  |                         |                        | <del> </del>   |
| top of any                            |            |                |  |                         |                        | +  |
| Forms W-2,<br>W-2G, or                |            |                | Social security benefits [21a ] 21b Taxable amoun  |                         |                        | ·  |
| 1099-R                                |            | 22             | Other income (list type and amount - see page 19)  |                         | 22                     |  |
| ,,                                    |            | 23             | Add the amounts shown in the far right column for lines 2 through 22. This is your total Income  |                         | <b>▶</b> 23            | 1329,580   |
|                                       |            | 24a            | Your IRA deduction, from applicable worksheet on plage 20 or 21 . 24a  |                         |                        |  |
| Adjustme                              | nts        | b              | Spouse's IRA deduction, from applicable worksheet on page 20 or 21 ,   |                         |                        |  |
| to Income                             | €          | 25             | One-half of self-employment tax (see page 21)  | 5,124                   | }                      |  |
|                                       |            | 26             | Setf-employed health insurance deduction, from worksheet on page 22  |                         |                        | [  |
|                                       |            | 27             | Keogh retirement plan and self-employed SEP deduction  | <del></del>             |                        | 1  |
|                                       |            |                | - Total Control of the sense of |                         |                        | 1  |
| (See page 1:                          | 9.)        |                | Pometty on party with drawal of assumes  |                         |                        |  |
| (See page 1:                          | 9.)        | 28             | Penalty on early withdrawal of savings   |                         |                        |  |
| (See page 1:                          | 9.)        | 28<br>29       | Alimony paid. Recipient's SSN ▶ 29   |                         |                        |  |
| (See page 1                           | 9.)        | 28<br>29<br>30 | Alimony paid. Recipient's SSN  Add lines 24s through 29. These are your total adjustments.   | ···                     | <u>→</u> 30            | 5,124  |
|                                       | 9.)        | 28<br>29       | Alimony paid. Recipient's SSN   Add lines 24a through 29. These are your total adjustments.  Subtract line 30 from line 23. This is your adjusted gross income. If this amount is I  | less than               | <u>►</u> 30            | 5,124  |
| (See page 1:<br>Ad]usted<br>Gross Inc |            | 28<br>29<br>30 | Alimony paid. Recipient's SSN  Add lines 24s through 29. These are your total adjustments.   | less than<br>led Income | <u>► 30</u>            | 5,124  |

# Post Original

Form 2848

(Rev. March 1991)
Department of the Treesury
Internal Revenue Service

acts. See the instructions for more information.

Name of representative to receive refund check(s)

# Power of Attorney and Declaration of Representative

OMAB No. 134150

Expires 5-31-93

For Paperwork Reduction and Privacy Act Notice, see the Instructions. **Power of Attorney** Part I Taxpayer Information Social security number(s) **Employer Identification** Taxpayer name(s) and address (Please type or print.) number George H.W. Bush Barbara P. Bush Ptan number (if applicable) The White House Daytime telephone number Washington, D.C. 20500 202) 456-1414 hereby appoint(s) the following representative(s) as attorney(s)-in-fact; 2 Representative(s) (Please type or print.) CAF No. Name and address Telephone No. (212) ...708-9111....... Mr. John R. Whitmore, Bessemer Trust Company, NA Fax No. ( )..... 630 Fifth Avenue, New York, NY 10111 . Telephone No. . Check if new: Address > CAF No. 6500-15349 R Name and address Telephone No. (212-15...708-9269...... Mr. G. William Clapp, Bessemer Trust Company, NA Fax No. ( 1 630 Fifth Avenue, New York, NY 10111 Telephone No. Check If new: Address CAF No. Name and address Telephone No. ( ) ..... Telephone No. 🗆 Check if new: Address . to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters: 3 Tax Matters Year(s) or Period(s) Tax Form Number (1040, 941, 720, etc.) Type of Tax (Income, Employment, Excise, etc.) 1991 1040 Individual Income Tax 1992 1040-ES Individual Declaration of Estimated Tax Specific Use Not Recorded on Centralized Authorization File (CAF).—If the power of attorney is for a specific use not recorded on CAF, please check this box. (See the instructions for Specific Use Not Recorded on CAF on page 4.) 5 Acts Authorized.—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authori does not include the power to receive refund checks or the power to sign certain returns. (See instructions.) List any specific additions (\* 1995) ons to the acts otherwise authorized in this power of attorney: and specifically to perform those acts specified on Appendix A hereto...... Mote: In general, an unencolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information. Note: The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain

Mr. John R. Whitmore

| 3           | Popr | Origin |
|-------------|------|--------|
| <b>-3</b> 1 |      |        |

大田 明治 中国 のはないというない

92-4012

|  | Po  | or Original   | 92 -   | 4012   |
|--|---|---|--|--|
| Form 2848 (Nov. 3-91)  |   |   |  | Page 2   |
| a If you want the se<br>b If you do not wan<br>8 Retention/Revoca<br>power(s) of attorne<br>document. If you do<br>YOU MUST ATT  | cond representative list<br>t any notices or commu-<br>tion of Prior Power(s)<br>by on file with the Inter-<br>t not want to revoke a prior ACH A COPY OF ANY F   | and other written communication to receive such notices and nications sent to your topresent of Attorney.—The filing of mal Revenue Service for the storney check here. | communications, check this b<br>tartive, check this box<br>this power of attorney autors<br>same tax matters and years<br>are  | netically revokes all earlier or periods covered by this   |
| requested, otherwise<br>receiver, administration<br>taxpayer.  | a see the instructions  | . If signed by a corporate office iff of the taxpayer, I cartify the  | er, pertner, guerdian, læx mæ  | taign if joint representation is<br>tters partner/person, executor,<br>cuts this form on behalf of the           |
| 1 4  | 7 AW System   | <u> Z.l</u>   | 3-24-92  | Title (if applicable)  |
| Ba   | basa P. Bush  | u/  | 3-24-92  | Tittle (if application)  |
|  | Print Norma   |   |  |  |
| Partill Declaration  | on of Representative  | <b>:</b>  |  |  |
| e Lam aware of reg<br>practice of attorn<br>e Lam authorized to<br>Lam one of the fr<br>a Attorney—a<br>b Certified Put<br>c Enrolled Age<br>d Officer—a b<br>e Full-Time En<br>f Family Mem<br>g Enrolled Act<br>to practice by | y under suspension or digulations contained in Tineys, cartified public act to represent the taxpays ollowing:  member in good standiolic Accountant—duly quit—enrolled as an ager one fide officer of the taployse—e full-time enrolled as an acerore the Service is limit | ployee of the taxpayer,<br>axpayer's immediate family (i.<br>many by the Joint Board for the<br>ad by section 10.3(d)(1) of Tre   | o. 230 (31 CFR, Part 10), as a colled actuaries, and others; ax matter(s) specified there; a crt of the jurisdiction shown be ad public accountant in the jurismesury Department Circular Section of Actuaries undersury Department Circular Notation (Section). | imended, concerning the ind low. sdiction shown below. lo. 230. her, or sister). w 29 U.S.C. 1242 (the authority |
|  | orney is not signed, it   | •   | 1  |  |
| Designation —insert above letter (a-h)   | Jurisdiction (state) or<br>Enrollment Card No.  | S /   | gnature  | Deta   |
| h  |   | John R. W.  | roprose  | 3/24/92  |
|  | NY  | Milie   | ian Clar   | 2 3/24/92  |

- 1. Prepare, sign and file return.
- 2. Receive, but not endorse or cash, refund checks for the above tax matters.
- 3. Execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- 4. To execute consents extending the statutory period of assessment or collection of taxes.
- 5. Execute closing agreements under section 7121 of the Internal Revenue Code.

Poor Original



# GEORGE BUSH WASHINGTON

March 15, 1992

District Director Internal Revenue Service 3223 Brian Pank Houston, Texas 77027

Dear Sir:

次十分 日本 一人大智俊 のである ひんち 大変の 丁丁

会は、とうなるとなるのがは、現代で

On January 17, 1981, we executed a Trust Agreement with W. S. Farish & Company as Trustes. This Trust qualified as a "blind" trust that meets the requirements of Section 202(f)(4)(B) of the Ethics in Government Act of 1978. Article Sixth(B) of the Trust Agreement provides that during the trust term the Trustee shall be responsible for preparing and filing our federal and state income tax returns. W. S. Parish & Company, the initial Trustee, has resigned, and Bessemer Trust Company is currently serving as Trustee.

Therefore, pursuant to Section 1.6012-1(a)(5) of the Income Tax Regulations and Revenue Procedure 80-59, 1980-2 C.B. 855, we hereby request your permission to have our federal income tax returns for 1991 and our Declaration of Estimated Tax for 1992 made by Bessemer Trust Company as our Trustee and agent.

Please send your approval of this request to us at the following address:

George Bush
The White House
Washington, D. C. 20500
Attention: Don Rhodes
Personal Assistant to the President

Sincerely,

George H. W. Bush

Barbara P. Bush

|                               | <u></u>                            | 92 -   | 4 0         | 12   |
|-------------------------------|------------------------------------|--|-------------|--|
| Form 1040 (1991)              |                                    |  |             |  |
|                               | 32                                 | Amount from line 31 (adjusted gross income)  | 32          | 1324,456   |
| Tax                           | 33 a                               | Check it: X You were 65 or older Blind; X Spouse was 65 or older Blind.  |             |  |
| Compu-                        |                                    | Add the number of boxes checked above and enter the total here   | ļ           |  |
| tation                        | b                                  | If your parent (or someone alse) can claim you as a dependent, check here ▶ 33b  |             |  |
| If you want                   | ¢                                  | If you are married filing a separate return and your spouse itemizes deductions.   |             |  |
| the IRS to                    |                                    | or you are a dual-status alien, see page 23 and check here   |             |  |
| figure your<br>tax, see page  | 34                                 | Itemized deductions (from Schedule A, line 26), OR Standard deduction (shown bolow for your filing status) Caution: If you   | -           |  |
| 24.                           |                                    | Enter the checked any box on line 33a or b, go to page 23 to find your standard  | - 1         | -  |
|                               |                                    | deduction, if you checked box 33c, your standard deduction is zero.  | l           |  |
|                               |                                    | Single - \$3,400 Head of household - \$3,400   | 34          | 669,484  |
|                               |                                    | of your:  • Married filing jointly or Qualitying widew(et) ~ \$5,700  • Married filing separately - \$2,850  |             |  |
|                               |                                    | Subtract line 34 from line 32  | 35          | 654,972  |
|                               | 35                                 | If line 32 is \$75,000 or less, multiply \$2,150 by the total number of exemptions claimed on  |             | 1  |
|                               | 36                                 | line 6e. If line 32 is over \$75,000, see page 24 for the amount to enter.   | 36          | 0  |
|                               | 37                                 | Taxable Income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0).  | 37          | 654,972  |
|                               | 38                                 | Enter tax, Check if from: a Tax Table, b Tax Rate Schedules, or c X Schedule D.  |             |  |
|                               |                                    | or d Form 8615 (see page 24). (Amount, if any, from Form(s) 8814 P a)  | 38          | 194,931  |
|                               | 39                                 | Additional taxes (see page 24). Check if from: a Form 4970, b Form 4972  | 39          |  |
|                               | 40                                 | Add lines 38 and 39  | 40          | 194,931  |
| Credits                       | 41                                 | Credit for child and dependent care expenses (attach Form 2441) . 41   |             |  |
| Creams                        | 42                                 | Credit for the elderly or the disabled (attach Schedule R)   |             |  |
| (See page                     | 43                                 | Foreign tax credit (attach Form 1116)  | [ ]         |  |
| 25.)                          | 44                                 | Other credits (see page 25). Check if from a Form 3800   |             |  |
|                               |                                    | b Form 8396 c Form 8801 d Form(specify) 44   |             |  |
|                               | 45                                 | Add lines 41 through 44  | 45          | 337  |
|                               | 46                                 | Subtract line 45 from line 40. (If line 45 is more than line 40, enter -0)   |             | 194,594  |
| Other                         | 47                                 | Soil-einployment tax (attach Schedule SE)  | 47          | 10,247   |
| Taxes                         | 48                                 | Alternative minimum tax (attach Form 6251)   | 48          |  |
|                               | 49                                 | Recapture taxes (see page 26) Check If from: a Form 4255 b Form 8611 c Form 8828   |             |  |
|                               | 50                                 | Social security and Medicare tax on tip income not reported to employer (attach Form 4137)   | 50          |  |
|                               | 51                                 | Tax on an IRA or a qualified retrement plan (attach Form 5329)   | 51          |  |
|                               | 52                                 | Advance earned income credit payments from W-2 . ,   | -32         |  |
|                               | 53                                 | Add lines 46 through 52. This is your total tax  | 53          | 204,841  |
| Doumonto                      | 54                                 | Federal income lax withheld (if any is from Form(s) 1099, check X) 54 66,034   |             |  |
| Payments                      | 55                                 | 1991 estimated tax payments & amount applied from 1990 return . 55 145,000   | 1           |  |
| Attach                        | 56                                 | Earned Income credit (attach Schedule EIC)   | 1           | Ì  |
| Forms W-2,                    | 57                                 | Amount paid with Form 4868 (extension request)   | 1 '         |  |
| 1099-R to                     | 58                                 | Excess social security, Medicare, and RRTA lax withheld (see p. 27) 58   | ] [         |  |
| front                         | 59                                 | Other payments (see page 27). Check if from a Form 2439  | ] }         |  |
|                               |                                    | b Form 4138  |             |  |
|                               | 60                                 | Add lines 54 through 59. These are your total payments   | 60          | 211,034  |
| Refund or                     | 61                                 | If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID.   | 61          | 6,193  |
| Amount                        | 62                                 | Amount of line 61 to be REFUNDED TO YOU  | 62          |  |
| You Owe                       | 63                                 | Amount of kne B1 to be APPLIED TO YOUR 1992 ESTIMATED TAX > 83 6,193   |             |  |
|                               | 64                                 | If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE.  | 10.7        |  |
|                               |                                    | Attach check or money order for full amount payable to "Internal Revenue Service." Write your  |             |  |
|                               |                                    | name, address, social security number, daytime phone number, and "1991 Form 1040" on it  | 64          |  |
|                               | 65                                 | Estimated (ax penalty (see page 28). Also include on line 84 65  | 1           |  |
| Sign                          | h.                                 | Under penalties of perjuty, I declare that I have examined this return and accompanying schedules and statements, and to beker, they are true, correct, and complete. Declaration of preparer (other than better happer) in cased on altriformation of writing the complete.   | ine bes     | T JIT MY ENDWINGQO ANG<br>ATOC NASIANY ANG HIERGO. |
| Here                          |                                    | Your signature PA PA PA PA PARTIES   |             |  |
| Keep a copy<br>of this return |                                    | Spoure's signature (if thing ignity, 80f H must sign)  | <del></del> | <del></del>  |
| for your                      |                                    | A Company of the second of the |             |  |
| records.                      | <u> </u>                           | by black Whitmore Pour Millione 4/9/92 HOUSEWIFE   |             | de servet en rolle de                              |
| Pald                          | Praparat<br>signatur               |  | erupate:    | 's social security no.                             |
| Preparer's                    | Firm's n                           | IN A DECEMBE TRUET CO N A  |             | E.LNo.13-2792165                                   |
| Use Only                      | for your :<br>if guit-e<br>and adm | 630 FIFTH AVENUE NEW YORK NY   |             | Z:0 cape 10111                                     |

Form 2210

# Underpayment of Estimated Tax by Individuals and Fiduciaries

омв No. 1545 (140) 1991

Department of the Treasury Internal Revenue Service

► See separate Instructions

► Attach to Form 1040, Form 1040A, Form 1040NR, or Form 1041

Attachment Sequence No. 06

| ame(s) as abown on tax raturn  |   |
|--|---|
| GEORGE H.W. & BARBARA P. BUSH  | <u> </u>                                |
| Note: In most cases, you do not need to file Form 2210. The IRS will figure any ponalty you owe and send you to find out if you should file Form 2210. If you do not need to file Form 2210, you still may use it to figure your p | a bill. See Part I<br>enalty. Enter the |
| amount from line 20 or line 34 on the penalty line of your return, but do not attach Form 2210.  |   |
| Part I Reasons For Filling - If its, b, or c below applies to you, you may be able to lower or eliminate your  | <b>1</b>                                |
| penalty. But you MUST check the boxes that apply and file Form 22 to with your tax return. If 1d bet   | ow                                      |
| applies to you, check that box and file Form 2210 with your tax return.  |   |
| 1 Check whichever boxes apply (if none of the boxes apply, do not file Form 2210):   |   |
| a You request a walver, (In certain circumstances, the IRS will waive all or part of the penalty. See the Walver of Penalty.)  | instructions for                        |
| b You use the annualized income installment method. (If your income varied during the year, this me  | thod may reduce                         |
| the amount of one or more required installments. See Instructions for Annualized Income Installm   | ent Worksheet).                         |
| You had Federal Income tax withheld from wages and you treat it as paid for estimated tax purposes   |   |
| actually withheld instead of evenly on the payment due dates. (See the instructions for line 22.)  |   |
| d Your required annual payment (line 13 below) is based on your 1990 tax and you filed or are filing a   | joint return for                        |
| either 1990 or 1991 but not for both years.  |   |
|  |   |
| Part II Required Annual Payment - All filers must complete this part.  |   |
| 2 Enter your 1991 tax after credits (see instructions)   | 2 194,594                               |
|  | F                                       |
| 4 Add fines 2 and 3  |   |
|  | 203,031                                 |
| 5 Earned income credit   | <del> </del>                            |
| 6 Credit for Federal tax on fuels  |   |
| 7 Add lines 5 and 8  |   |
| B Current year tax. Subtract line 7 from line 4  |   |
| Multiply line 8 by 90% (.90)   | <del></del>                             |
| Withholding taxes Oo not include any estimated tax payments on this line (see instructions)  | 10 66,034                               |
| 11 Subtract line 10 from line 8, ft less than \$500, stop here; do not complete or file this form. You do  | 100 007                                 |
| not owe the penalty  |   |
| 12 Prior year (1990) lax. (Caution: See Instructions.).  |   |
| 13 Required annual payment. Enter the smaller of line 9 or line 12 (see instructions)  | 99,241                                  |
| Note: If line 10 is equal to or more than line 13, stop here; you do not owe the penalty Do not file   |   |
| Form 2210 unless you checked box 1d above.   | k and                                   |
| Part III Short Method (Caution; Read the instructions to see if you can use the short method. If you check   | NO C                                    |
| box 1b or c in Part I, skip this part and go to Part IV.)  |   |
| 14 Enter the amount, if any, from line 10 above  | <del></del>                             |
| 15 Enter the total amount, if any, of estimated tax payments you made  |   |
| 16 Add lines 14 and 15   |   |
| 17 Total underpayment for year. Subtract line 16 from line 13. (If the result is zero or less, stop here: you d  |   |
| owe the penalty. Do not file Form 2210 unless you checked box 1 d abovs.)  |   |
| 18 Muhiply line 17 by .06391   | 18                                      |
| 19 * If the amount on line 17 was paid on or after 4/15/92, enter -0   |   |
| <ul> <li>If the amount on line 17 was paid before 4/15/92, make the following computation to find the</li> </ul>   | <u> </u>                                |
| amount to enter on line 19. Amount on Number of days paid  |   |
| line 17 Dofore 4/15/92   | 19                                      |
| 20 PENALTY. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 65; Form   |   |
| 1040A, line 33; Form 1040NR, line 65; or Form 1041, line 26  | 20                                      |

For Paperwork Reduction Act Hotice, see page 1 of separate instructions.

Form 2210 [1981]

日本の一切を見れている。 とうままではないないというまして

92-4912

(g.).

Part IV Regular Method (See the instructions if you are filing Form 1040NP.)

|          |  | -  | Payment Due Dates |                |                |                |  |
|----------|--|----|-------------------|----------------|----------------|----------------|--|
| Sect     | Section A - Figure Your Underpayment   |    | (a)<br>4/15/91    | (b)<br>6/15/91 | (c)<br>9/15/91 | (ď)<br>1/15/92 |  |
| 21       | Required Installment, Divide line 10 by 4 and enter the result in each column. Exception: If you use the Annualized Income Installment Worsheet, see the instructions on page 4. Be sure you checked the box on line 1b in Part I.   | 21 | 24,810            | 24,810         | 24,810         | 24,811         |  |
| 22       | Estimated tax paid and tax withheld. (See instructions.) For column (a) only, also enter the amount from line 22 on line 26. (If line 22 is equal to or more than line 21 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part I.) | 22 | 26,509            | 26,509         | 26,509         | 131,507        |  |
|          | Complete lines 23 through 29 of one column before going to the next column.  | 23 |                   |                |                |                |  |
| 23       | Enter amount, if any, from line 29 of previous column  |    |                   |                |                |                |  |
| 24<br>25 | Add lines 22 and 23  | 24 |                   |                |                |                |  |
| 26       | Subtract line 25 from line 24. If zero or less, enter -0 For column (a) only, enter the amount from line 22  | 26 |                   |                |                |                |  |
| 27       | If the amount on line 26 is zero, subtract line 24 from line 25. Otherwise, enter #0+  | 27 |                   |                |                | ·              |  |
| 28       | Underpayment. If line 21 is equal to or more than line 26, subtract line 26 from line 21. Then go to line  | 20 |                   |                | Ì              |                |  |
| 29       | 23 of next column. Otherwise go to line 29   | 28 |                   |                |                |                |  |

Section B - Figure the Penalty (Complete lines 30 through 33 of one column before going to the next column.)

|    | April 16, 1991 - December 31, 1991   |    | 4/15/91  | 6/15/91  | 9/15/91  |         |
|----|--|----|----------|----------|----------|---------|
| 30 | Number of days FROM the date shown above the 30 TO the date the amount on line 28 was paid or 12/31/91, whichever is earlier       | 30 | Days:    | Days:    | Days:    |         |
| 31 | Underpayment Number of on line 28 X days on line 30 X .10 (see instructions) 365 ▶   | 31 | \$       | \$       | \$       |         |
|    | January 1, 1992 - April 15, 1992   |    | 12/31/91 | 12/31/91 | 12/31/91 | 1/15/92 |
| 32 | Number of days FROM the date shown above<br>line 32 TO the date the amount on line 26 was paid<br>or 4/15/92, whichever is earlier | 32 | Days     | Days:    | Days:    | Days:   |
| 33 | Underpayment Number of on line 28 X days on line 32 X .09 (see instructions) 366   | 33 | 1        | s        | s        | s       |

92-4012

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

### Itemized Deductions

▶ See Instructions for Schedule A (Form 1040)

оме но. 1545-одт 1991

Attachment Sequence No. 07

Your social ascurity number

hame(s) as shown on Form 1040 GEORGE H.W. & BARBARA P. BUSH Caution: Do not include expenses reimbursed or paid by others. Madical 1 Modical and dental expenses (See page 38.) . . . . . . . . . . . . and Dental Enter amount from Form 1040, line 32. . . . . . 2 Expenses Subtract line 3 from line 1. Enter the result. It less than zero, enter -0- . . . 🗩 4.190 Taxes You 24,807 6 Paid Other taxes (list - include personal property taxes) 122 (500 SEE STATEMENT A1 page 38.1 29.119 • 8 Add lines 5 through 7. Enter the total. . . . . . 9a. Home mortgage interest and points reported to you on Form 1098 92 Interest b. Home murigage interest not reported to you on Form 1098, (If You Pald paid to an individual, show that person's name and address.) (See page 39.) 96 Note: Points not reported to you on Form 1098. (See Personal instructions for special rules.)..... 10 interest is 11 Investment interest (attach Form 4952 if required), (See no longer deductible. . . . . . . . . . . . . . . Add lines 9a through 11. Enter the total. Caution: If you made a charitable contribution and received a Gifts to benefit in return, see page 40. Charlty 818,803 13 Contributions by cash of check. 13 (\$ee Other than cash or check (You MUST attach Form 8283 page 40.) 15 15 CONTRIBUTIONS IN EXCESS OF LIMITS -156.575 662,228 16 Add lines 13 through 15. Enter the total. Casualty or theft loss(es) (attach Form 4684). Casualty and Theft Losses (See page 40.) Maying Moving expenses (attach Form 3903 or 3903F). (See place 41.) . Expenses Unreimbursed employee expenses - job travel, union dues, job Job Expenses education, etc. (You MUST attach Form 2106 if required. and Most Other Miscellaneous See Instructions.) > Deductions Other expenses (investment, tax preparation, safe deposit box. etc.). List type and amount 🛌 SEE STATEMENT AL..... (Soe 41,360 Instructions on page 41 for 41.360 Add the lines 19 and 20. expenses to Enter amount from Form 1040, line 32. . . . . [22] 1324,456 deduct here.) 22 23 .871 Subtract line 23 from line 21, Enter the result, If less than zero, anter -0-• 24 Other (from list on page 41 of Instructions). List type and amount 🕨 Other Miscellaneous 25 Deductions • If the amount on Form 1040, line 32, is \$100,000 or less (\$50,000 or Total itemized less if married filing separately), add lines 4, 8, 12, 16, 17, 18, 24, and Deductions 26 669.484 25. Enter the total here. If the amount on Form 1040, line 32, is more than \$100,000 (more than \$50,000 if married filing separately), see page 42 for the amount to enter. Caution: Be sure to enter on Form 1040, line 34, the LARGER of the amount on line 26 above or your standard deduction.

Name(s) as shown on Form 1040

GEORGE H.W. & BARBARA P. BUSH



# Schedule B - Interest and Dividend Income

Attachment Sequence No. 08

| Part I<br>Interest<br>Income<br>(See<br>pages 15 | If you received more than \$400 in taxable interest income, or you are claiming the exclusion of the exclusio | tLL Interest<br>te Part III. I | received in<br>If you received, |  |
|--|---|--------------------------------|---------------------------------|--|
| and 43.)   | Interest Income   |                                | -, ,                            |  |
|  | 1. Interest income. (List name of payer - if any interest income is from seller-financed  |                                | Amount                          |  |
|  | mortgages, see instructions and list this inlerest first.)  | 1 1                            | i                               |  |
|  |   | -                              | 493                             |  |
|  | EQUITABLE LIFE ASSURANCE SOC  | ╌╎╶┝╼                          | 576                             |  |
|  | OCEAN NATIONAL BANK   |                                |                                 |  |
| Note: Il you                                     | PRES. & MRS. BUSH BLIND TRUST 52-6224648  | -                              | 11,034                          |  |
| received a Form                                  | PRES.& MRS. BUSH BLIND TRUST 52-6224648   | } <b>├</b> ━                   | 3,084                           |  |
| 1099-INT or Form<br>1099-OiD or                  | WHITE HOUSE FEDERAL CR. UNION   |                                | 82                              |  |
| substitute                                       |   | 1                              |                                 | · · · · · · ·                                    |
| statement, from                                  | *************************************   |                                |                                 |  |
| a brokerage firm,<br>list the firm's             |   |                                |                                 |  |
| name as the                                      |   |                                |                                 |  |
| payer and enter                                  |   | _                              |                                 |  |
| the total interest shown on that                 |   |                                |                                 |  |
| form.  | 2 Add the amounts on line 1   | 2                              | 15,269                          |  |
|  | 3 Enter the excludable savings bond interest, if any, from Form 8815, line 14.  |                                |                                 |  |
|  | Attach Form 8815 to Form 1040   | .   3                          | Ì                               |  |
|  | 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a  |                                | 15,269                          |  |
|  | If you received more than \$400 in gross dividends and/or other distributions on stock,   |                                |                                 |  |
| Part II<br>Dividend                              | and III. If you received, as a nominee, dividends that actually belong to another person  | n, see page                    | 43.                             |  |
| Income   | Dividend Income   |                                | <del></del>                     |  |
| (See   | <ol><li>Dividend income (List name of payer - include on this line capital gain distributions,</li></ol>  | Amount                         |                                 |  |
| pages 16   | nontaxable distributions, etc.)   | !                              | <del></del>                     |  |
| and 43.)   | PRES.& MRS. BUSH BLIND TRUST 52-6224648   | }-                             | 9,545                           |  |
|  |   |                                |                                 |  |
|  |   | L                              |                                 |  |
| Note: If you                                     |   |                                |                                 | <u></u> .  |
| received a Form                                  |   |                                |                                 |  |
| 1099-DIV, or substitute                          |   | 5  _                           |                                 |  |
| statement from                                   |   |                                |                                 |  |
| a brokerage                                      |   |                                |                                 |  |
| firm, kst the<br>firms name as                   | ***************************************   | _                              |                                 |  |
| the payer and                                    |   | -                              |                                 |  |
| enter the total                                  |   | -                              |                                 |  |
| dividends shown                                  |   | } <del>-</del>                 |                                 |  |
| on that form,                                    | 6 Add the amounts on line 5   | 6                              | 9,545                           |  |
|  | 7 Capital gain distributions. Enter here and on Schedule D *  |                                | -                               |  |
|  | 8 Nontaxable distributions, (See the Instructions for Form 1040, kns 9.)  |                                |                                 | i  |
|  | 9 Add lines 7 and 8   |                                | · .                             | 1  |
|  | 10 Subtract line 9 from fine 6. Enter the result here and on Form 1040, line 9  | 10                             | 9,545                           | <del>                                     </del> |
|  |   | -                              |                                 |  |
|  | 4fl you received capital gain distributions but do not need Schedule D to report any oth<br>see the Instructions for Form 1040, lines 13 and 14.  | er gains or s                  | J\$569,                         |  |
|  |   | <u> </u>                       |                                 | ĭ  |
| Part III   | If you received more than \$400 of interest or dividends, OR if you had a foreign account grapher of lor a transferor to la foreign trust, you must answer both questions in Part if  |                                | Yes                             | , w.   |
| Foreign<br>Accounts                              | grantor of, or a transferor to, a foreign trust, you must answer both questions in Part I   |                                | <del></del>                     | No   |
| and  | 11a At any time during 1991, did you have an interest in or a signature or other authority ov   |                                | •                               | Ŀ  |
| Foreign  | account in a foreign country (such as a bank account, securities account, or other finan  |                                |                                 | į  |
| Trusts   | account)? (See page 43 for for exceptions and filing requirements for Form TD F 90-22   | .1.)                           |                                 | X  |
|  | b. If "Yes," enter the name of the foreign country  |                                |                                 |  |
| (See   | 12 Were you the grantor of, or transferor to, a foreign trust that existed during 1991, wheth   |                                |                                 | į  |
| page 43.)  | you have any beneficial interest in it? If "Yes." you may have to file Form 3520, 3520-A.   | or 926                         |                                 | į v  |

### SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (b)

Capital Gains and Losses

(and Reconciliation of Forms 1099-B for Bartering Transactions) ► See Instructions for Schedule D (Form 1040).

▶ Attach to Form 10-10. ➤ For more space to list transactions for lines 1a and 8a, get Schedule D-1 (Form 1040). Attachment Sequence No. 12A

Name(s) as shown on Form 1040

Your social security number

| GEORGE | H. | W. | 2 | BARBARA | Ρ. | BUSH |
|--------|----|----|---|---------|----|------|
|--------|----|----|---|---------|----|------|

Caution: Add the following amounts reported to you for 1991 on Form(s) 1099-B and 1099-S (or on substitute statements): (a) proceeds from transactions involving stocks, bonds, and other securities, and (b) gross proceeds from real estate transactions not reported on another form or schedule. If this total does not equal the total of lines 1c and 8c, column (d), attach a statement explaining the difference.

|   | (a) Description of property  | (N) Date       |   | teld One Year o  | (a) Cost ar of                                   | har              | (f) LOSS  | (g) GAIN                                 |
|---|--|----------------|---|--|--|------------------|---|--|
|   | (Example, 190 shares 2% preferred of "2" Co.)  | Mo., day, yr.  | (MO., 647, Yr.)   | initiuctions)  | basis (see<br>instructions)                      |                  | If (e) is more than (d),<br>subtract (d) from (e) | If (d) is more than<br>subtract (s) from |
| 1a Stoc   | ks, Bonds, Other Securities, and Real E  | state, Include | Form 1099   | -B and 1099-S Trai   | esactions, See                                   | Instru           | uctions.  |  |
|   |  | 1              |   |  | _  |                  |   |  |
|   |  |                |   |  |  |                  |   |  |
|   |  |                | <u></u>   |  |  |                  |   |  |
|   |  |                | <u> </u>  |  |  |                  |   |  |
|   |  |                | 1   |  |  |                  |   | ············                             |
|   |  |                | 11  |  | <b>!</b>   |                  | · <del></del>                                     |  |
|   |  |                | 1   | <u> </u>   | <u> </u>   |                  |   | <del></del>                              |
|   |  |                |   |  | <b></b>  |                  |   |  |
| 1b Arro   | unts from Schedule D-1, line 1b (attach 5  | ichedule D-1)  | <u> </u>  | <u> </u>   | <del> </del> -                                   |                  |   |  |
| 1¢ Tota   | l of All Sales Price Amounts   |                |   |  |  |                  |   |  |
|   | column (d) of lines 1a and 1b  |                |   | <u> </u>   | <u> </u>   |                  |   |  |
| 1d Othe   | r Transactions (Do NOT include real es   | tale transact  | ions from Fo  | errns 1099-S on this   | s line. Report i                                 | them e           | on line 1a.)                                      |  |
|   |  |                | ļl. l.  | ļ <u> </u>   | <del>                                     </del> |                  |   |  |
|   |  |                | <del>                                     </del>          |  | <b>+</b>   |                  |   |  |
|   |  | 11             | 111   | <u> </u>   | <u>i</u>   |                  |   |  |
|   | -term gain from sale or exchange of your   |                |   |  |  | 2                | · · · · · · · · · · · · · · · · · · ·             | <u> </u>                                 |
|   | -term gain from installment sales from For   |                |   |  |  | 3                |   | <u></u>                                  |
|   | nort-term gain or (loss) from partnerships,  |                |   |  |  |                  | -6,248  |  |
|   | -term capital loss carryover from 1990 Sci   |                |   |  |  | 5                | -8,822  |  |
|   | nes 1a, 1b, 1d, and 2 through 5, in colum  |                |   |  |  |                  | <u>-15,070</u>                                    |  |
|   |  |                |   |  |  |                  |   |  |
|   | hort-term capital gain or (loss). Combin   |                |   |  |  | <u> </u>         | 7   | -15,0                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15.0                                    |
| art II  |  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15,0                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15,0                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15,0                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15.0                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15,(                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15.(                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15,(                                    |
| art II  | Long-term Capital Gains and  | Losses -       | Assets H  | leid More Than   | One Year   |                  |   | -15,(                                    |
| art II  | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E  | Losses -       | Assets H  Form 1099                                       | leid More Than   | One Year   |                  |   | -15,(                                    |
| art II<br>Ba Stoc   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E  | Losses -       | Assets H  Form 1099                                       | leid More Than   | One Year   |                  |   | -15,(                                    |
| Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc   | Long-term Capital Gains and Real E ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (allach S I of All Sales Price Amounts   | state. Includ  | Assets H  Form 1099                                       | leid More Than   | One Year   |                  |   | -15,(                                    |
| Ba Stoc<br>Ba Stoc<br>Bb Arno<br>Bc Tota<br>Add   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real Education Securities and Real Education Securities and Real Education Securities and Real Education Securities and Security Se | state. Includ  | Assets H  Form 1099                                       | eid More Than  | One Year   | Instr            | uctions.  | -15,(                                    |
| Ba Stoc<br>Ba Stoc<br>Bb Arno<br>Bc Tota<br>Add   | Long-term Capital Gains and Real E ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (allach S I of All Sales Price Amounts   | state. Includ  | Assets H  Form 1099                                       | eid More Than  | One Year   | Instr            | uctions.  | -15.0                                    |
| Ba Stoc<br>Ba Stoc<br>Bb Arno<br>Bc Tota<br>Add   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real Education Securities and Real Education Securities and Real Education Securities and Real Education Securities and Security Se | state Iransac  | Assets H  Form 1099                                       | eid More Than  | One Year   | Instr            | uctions.  | -15.0                                    |
| Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Add   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real Education Securities and Real Education Securities and Real Education Securities and Real Education Securities and Security Se | state. Includ  | Assets H  Form 1099                                       | eid More Than  | One Year   | Instr            | uctions.  | -15.0                                    |
| Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Stoc<br>Ba Add   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real Education Securities and Real Education Securities and Real Education Securities and Real Education Securities and Security Se | state Iransac  | Assets H  Form 1099                                       | eid More Than  | One Year   | Instr            | uctions.  | -15,0                                    |
| Bu Stoce Bu | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (attach S I of All Sales Price Amounts column (d) of lines 8s and 8b  | state Iransac  | Assets He Form 1099                                       | eid More Than -B and 1099-S Tra                                  | One Year nsactions. See                          | them             | uctions.  | -15.0                                    |
| 8b Arno<br>Sc Tota<br>Add<br>#d Othe  | Long-term Capital Gains and ks. Bonds, Other Securities, and Real Education Schedule D-1, line 8b (altach Sill of All Sales Price Amounts column (d) of lines 8s and 8b ar Transactions (Do NOT include real educations) ar Transactions (Do NOT include real educations).   | state. Includ  | Assets He Form 1099                                       | eid More Than I-B and 1099-S Tra  orms 1099-S on thi             | One Year nsactions. See                          | them             | uctions.  | -15,(                                    |
| 8b Amo<br>8c Tota<br>Add<br>#d Othe   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (altach Si of All Sales Price Amounts column (d) of lines 8s and 8b ar Transactions (Do NOT include real elemons of the sales from sale or exchange of your term gain from installment sales from For   | state. Includ  | Assets H  Form 1099  1 1  1 1  1 1  1 1  1 1  1 1  1 1    | eid More Than I-B and 1099-S Tra  orns 1099-S on thi             | One Year nsactions. See                          | them             | uctions.  |  |
| 8b Amo<br>8b Amo<br>8c Tota<br>Add<br>#d Othe<br>9 Long-<br>0 Long-<br>1 Nel lo   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (altach Si of All Sales Price Amounts column (d) of lines 8s and 8b.  Transactions (Do NOT include real exterm gain from sale or exchange of your rem gain from installment sales from For ng-term gain or (loss) from partnerships.  | state. Includ  | Assets He Form 1099  L 1  L 1  L 1  L 1  L 1  L 1  L 1  L | eid More Than I-B and 1099-S Tra  come 1099-S on thi a 10 or 14c | One Year nsactions. See                          | them             | uctions.  |  |
| 8b Amo<br>Sc Tota<br>Add<br>#d Other<br>9 Long-<br>0 Long-<br>1 Not to<br>2 Capital   | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (altach Sill of All Sales Price Amounts column (d) of lines 8s and 8b.  Transactions (Do NOT include real et al. et al | state. Includ  | Assets He Form 1099  L 1  L 1  L 1  L 1  L 1  L 1  L 1  L | eid More Than I-B and 1099-S Tra  come 1099-S on thi a 10 or 14c | One Year nsactions. See                          | them  9 10 11 12 | uctions.  |  |
| 8b Amo<br>Sc Tota<br>Add<br>#d Other<br>9 Long-<br>1 Nollo<br>2 Capite<br>3 Gain 1  | Long-term Capital Gains and ks, Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (altach Sill of All Sales Price Amounts column (d) of lines 8s and 8b ar Transactions (Do NOT include real exterm gain from sale or exchange of your remm gain from installment sales from Foring-term gain or (loss) from partnerships, uligain distributions from Form 4797, line 7 or 9  | state. Includ  | Assets He Form 1099  L 1  L 1  L 1  L 1  L 1  L 1  L 1  L | eid More Than I-B and 1099-S Tra  coms 1099-S on thi a 10 or 14c | One Year nsactions. See                          | ## Instr         | uctions.  | -15,G                                    |
| Ba Stoc  Ba | Long-term Capital Gains and ks. Bonds, Other Securities, and Real E units from Schedule D-1, line 8b (altach Sill of All Sales Price Amounts column (d) of lines 8s and 8b.  Transactions (Do NOT include real et al. et al | state. Includ  | Assets He Form 1099  I I I I I I I I I I I I I I I I I I  | eid More Than I-B and 1099-S Tra  orms 1099-S on thi a 10 or 14c | One Year nsactions. See                          | them  9 10 11 12 | uctions.  |  |

SCHEDULE E (Form 1040)

Department of the Treasury Internst Revenue Service (I)

# Supplemental Income Schedule

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)

→ Attach to Form 1040 or Form 1041.

→ See instructions for Schedule E (Form 1040).

1 L. DMB No. 1545-007 1991 Attachment Sequence No. 13

Your special security number

Nametal as shown on raturn GEORGE H.W. & BARBARA P. BUSH Income or Loss From Rentals and Royalties Note: Report farm rental income or loss from Form 4835 on page 2, kne 36 Part I 2 For each rontal property listed on Show kind and location of each rental property: line 1, did you or your family use BOOK--LOOKING FORWARD It for personal purposes for more than the greater of 14 days or 10% BOOK -- MILLIE'S BOOK of the total days rented at fair rental value during the tax C year? (See instructions.) Totale Properties Rental and Royalty Income C (Add columns A, B, and C) В 2.718 889,176 891,894 4 4 ijiji ig ជាស្រែកម្មាស់ប្រើប្រាស់ នៃបានក្នុងស្រែក Rental and Royalty Expenses sy solojikan sa s 6 Advertising . . . . . . . . . . ŧ 6 Autu and travel . . . . . . . . . 7 Cleaning and maintenance.... 1.359 å 9 10 10 Legal and other professional fees . . . . 11 Mondage Interest paid to banks. etc. (see instructions) . . . . . . . 12 13 14 15 16 17 17 Wages and salaries . . . . . . . . 18 Other (list) 1,359 359 19 Add lines 5 through 18 . . . . . . . . . . . . 19 20 Depreciation expense or depiction 20 (see Instructions) . . . . . . . . . . . . 20 359 21 21 Total expenses. Add lines 19 and 20 . 22 Income or (loss) from rental or royalty properties. Subtract line 21 from kne 3 (rents) or line 4 (royalties), if the result is a (loss), see Instructions to find out if you 1,359 889,176 22 must file Form 6198 . . . . . . . 23 Deductible rental loss. Caution: Your rental loss on line 22 may be limited. See instructions to find out if you must 890,535 24 Income. Add tental and royalty income from line 22. Enter the total income here 25 Losses. Add royalty losses from line 22 and rental losses from line 23. Enter the total losses here 26 Total rental or royalty income or (loss). Combine amounts on lines 24 and 25. Enter the result here, If Parts II, III, IV and line 39 on page 2 do not apply to you, enter the amount from line 26 on Form 1040, line 18. Otherwise, include the amount from line 26 in the total on line 40 on page 2 . . . . . . . . . 890.535 For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule E (Form 1940) 1991

Attachment Sequence

Name(s) as shown on Form 1040

GEORGE H.W. & BARBARA P. BUSH

Note; If you report amounts from farming or fishing on Schedule E, you must include your gross income from those activities on line 41 below.

Part II Income or Loss from Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See

| 27   | you check column (f), you n  |  | (b) Enter Pifer<br>partnership; S<br>for S Corporation  | (c) Check of fernion partnership   | (d) Employer<br>Identification numb                          | oer                        |                            | ent at resk ?<br>(f) Some<br>not at res |
|--|--|--|---|--|--|----------------------------|----------------------------|---|
| 1  |  |  |   |  |  |                            |                            |   |
| _  |  |  |   |  |  |                            |                            |   |
|  |  |  |   |  |  |                            |                            |   |
|  |  |  |   |  |  | <u>_</u>                   |                            |   |
|  |  |  | <u></u> ]   | L  | <u> </u>   |                            |                            | !                                       |
|  | Passive Income and L   | 055  |   | Nonpassis  | e Income and Loss  |                            |                            |   |
| [9]<br>(altac  | Passive loss allowed<br>h Form 8582 (1 required)   | (N) Passive incoms<br>from Schedule R-1      | fi) Nampassiva Losi<br>from Schedule K-   |  | 79 expense deduction<br>from Form 4562                       | ik) N<br>Fra               | im Scheduk                 | ncnme<br>s K-1                          |
| ·  |  | <u> </u>                                     | <del>}</del>  |  | ·-··   |                            |                            |   |
| B  |  |  |   |  |  |                            |                            |   |
| -  |  |  |   |  |  |                            | <del></del>                |   |
| <u> </u>   |  |  |   | <del>i</del>   |  |                            |                            |   |
|  | 表表, <b>是</b> 自己,   |  | the strength  | 1 1 1 1 1 1 1 1 1 1  | · · · · · · · · · · · · · · · · · · ·                        |                            |                            |   |
| Ba Totals  |  |  |   |  |  |                            |                            |   |
| b Totals   | ints in columns (h) and (k), fix   | ne 28e. Enter total income he                | ore   |  |  | 29                         |                            |   |
|  | ints in columns (g), (i), and (i)  |  |   |  |  | 30                         |                            |   |
|  | nership and S corporation inc  |  |   |  |  |                            |                            |   |
|  | and include in the total on R  |  |   |  |  | 31                         |                            |   |
| Part III Inc   | ome or Lose from Estates a   | ind Trusts                                   |   | ····   |  |                            |                            |   |
| 12   |  | (a) Name                                     |   |  |  | ida                        | (b) Employ<br>Indification |   |
| PRES   | .& MRS. BUSH B   | LIND TRUST                                   |   |  |  | 52-                        | -6224                      | 648                                     |
| 3   FEET-0   | . a TIND: DOON D   | DIND INCOL                                   | <del></del>   | <del></del>  |  |                            |                            |   |
| 5  |  |  | <u>/,</u>   |  |  |                            |                            |   |
|  | Pa   | asive Income and Loss                        |   |  | Nonpassive In-   | come an                    | d Loss                     |   |
|  |  |  |   |  |  |                            |                            |   |
| (c)  | Passive deduction or loss allowed  |  | ssive income<br>Schedule K-1  | (e) (  | eduction or loss<br>m Schadule 5-1                           | 1                          | Other mcor                 | ne from<br>K-1                          |
| -  | Passive deduction or loss allowed (attach Form 85°) if required)   | from S                                       | Schedule K-1  | (e) (  | eduction or loss<br>m Schedule K-1                           | 1                          |                            | ne from<br>K-1                          |
| A .  | Passive deduction or loss allowed (attach Form 85*) if required)   | from S                                       |   | (e) (  | eduction or loss<br>Schedule K-1                             | 1                          | Other mcor                 | se from<br>K-1                          |
| A B  | Passive deduction or loss allowed (attach Form 85°) if required]   | from S                                       | Schedule K-1  | (e) (  | eduction or loss<br>m Schedule K-1                           | 1                          | Other mcor                 | ng from<br>K-1                          |
| A B  | (attach Form 85°? if required)   | trom 1                                       | 73 . 384  | 110  | m Schadule K-1   | (n)                        | Other mcor                 | ng from<br>K-1                          |
| A B C C C C TOTALS   | Passive disduction or loss allowed (attach Form 65 %) if required)   | trom 1                                       | 73.384<br>73.384  | fro  | m Schadule K-1   | (n)                        | Other mcor                 | ng from<br>K-1                          |
| B C C C C C C C C C C C C C C C C C C C  | [attach Form 85*? if required]   | 1 1 1  | 73.384<br>73.384  | . Expression   | m Schadule K-1   | (n)                        | Other incor<br>Schedule    | K-1                                     |
| A B B B B B B B B B B B B B B B B B B B  | discharge   disc | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        | 73.384 73.384   | , it specialists   | m Schadule K-1   | (1)                        | Other incor<br>Schedule    | K-1                                     |
| A B C C C C C C C C C C C C C C C C C C  | [attach Form 85*? if required]   | 1  1  1  2  1  2  2  2  2  2  2  2  2  2     | 73.384 73.384 page 4411 - 120 | , Angelvalue's   | m Schadule K-1   | 34                         | Other incor<br>Schedule    | K-1                                     |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  the manufactor mate  ants in columns (d) and (f), kit ants in columns (c) and (e), kit and trust income or (loss), the total on line 40 below.   | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  34 and 35. Enter the r  | Jacobsections  | Schedule K-1   | 34                         | Other mcor<br>Schagule     | 3,38                                    |
| A B C C B Totals b Totals 14 Add arrous 15 Add arrous 15 Total estat include in  | (attach Form 85*) if required]  Steenship (and (f), kir ints in columns (d) and (f), kir ints in columns (c) and (e), kir te and trust income or (loss).   | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  34 and 35. Enter the r  | transaction of the same of the | Schedule K-1   | 34 35                      | Other mcor<br>Schagule     | 3,38                                    |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  the manufactor mate  ants in columns (d) and (f), kit ants in columns (c) and (e), kit and trust income or (loss), the total on line 40 below.   | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  73 , 38 4  and 35. Enter the r  Concluts (REMICs) -  ptoyer (c) Exces   | Boult here and   | Ser (d) Taxable income (net least from                       | 34 35 36                   | 17                         | 3,38                                    |
| 3 a Totals b Totals 4 Add amou 5 Add amou 6 Total estat include in   | (attach Form 85*) if required]  ints in columns (d) and (f), kit ints in columns (c) and (e), kit te and trust income or (loss), the total on line 40 below ome or Loss from Real Est  | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  73 , 38 4  and 35. Enter the r  Concluts (REMICs) -  ptoyer (c) Exces   | seult here and   | Schedule K-1   | 34 35 36                   | Other mcor<br>Schadule     | 3,38                                    |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  ints in columns (d) and (f), kit ints in columns (c) and (e), kit te and trust income or (loss), the total on line 40 below ome or Loss from Real Est  | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  73 , 38 4  and 35. Enter the r  Concluts (REMICs) -  ptoyer (c) Exces   | Boult here and   | Ser (d) Taxable income (net least from                       | 34 35 36                   | 17                         | 3,38                                    |
| 3 a Totals b Totals 4 Add amou 5 Add amou 6 Total estat include in   | (attach Form 85*) if required]  ints in columns (d) and (f), kit ints in columns (c) and (e), kit te and trust income or (loss), the total on line 40 below ome or Loss from Real Est  | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  73 , 38 4  and 35. Enter the r  Concluts (REMICs) -  ptoyer (c) Exces   | Boult here and   | Ser (d) Taxable income (net least from                       | 34 35 36                   | 17                         | 3,38                                    |
| 3 a Totals b Totals b Totals 4 Add amou 5 Add amou 6 Total estat include in  | (attach Form 85*) if required]  ints in columns (d) and (f), kir ints in columns (c) and (e), kir te and trust income or (loss), the total on kine 40 below .  ome or Loss from Real Est  (a) Name   | 1  1  1  1  1  1  1  1  1  1  1  1  1        | 73 , 38 4  73 , 38 4  73 , 38 4  34 and 35. Enter the r  Conduits (REMICs) -  ployer Sched (see t   | Residual Hold<br>inclusion from the O, and 2c<br>nativicions)  | Ser  (d) Taxable income (net loss) from Schedviez Q, kna 1 b | 34 35 36 (a) Inco          | 17                         | 3,38                                    |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  ints in columns (d) and (f), kit ints in columns (c) and (e), kit is and trust income or (loss), the total on kine 40 below ome or Loss from Real Est  (a) Name  | 1  1  1  1  1  1  1  1  1  1  1  1  1        | 73 , 38 4  73 , 38 4  73 , 38 4  34 and 35. Enter the r  Conduits (REMICs) -  ployer Sched (see t   | Residual Hold<br>inclusion from the O, and 2c<br>nativicions)  | Ser  (d) Taxable income (net loss) from Schedviez Q, kna 1 b | 34 35 36                   | 17                         | 3,38                                    |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  ints in columns (d) and (f), kir ints in columns (c) and (e), kir is and trust income or (loss), the total on kine 40 below ome or Loss from Real Est  (a) Name  | 1  1  1  1  1  1  1  1  1  1  1  1  1        | 73 , 38 4  73 , 38 4  73 , 38 4  34 and 35. Enter the r  Conduits (REMICs) -  ployer son number (c) Exces case is   | Residual Holo  | or (d) Taxable income (net less) from Schedules Q, has 16    | 34 35 36 (a) Inco          | 17                         | 3,38                                    |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  ints in columns (d) and (f), kin ints in columns (c) and (e), kin ints in columns (c) and (e), kin the total on line 40 below ome or Loss from Real Est  (a) Name  columns (d) and (e) only. En mmary ental income or (loss) from F  | term 1  1  1  1  1  1  1  1  1  1  1  1  1   | 73,384  73,384  34 and 35. Enter the r  Concluts (REMICs) -  ployer (c) Excee Sched (see in line 40 below .   | Boult here and Residual Hold Jinchalan from Josa O, Ane 2c nstructions   | or (d) Taxable income (net less) from Schedules Q, has 16    | 34 35 36 (a) Inco          | 17                         | 3,38                                    |
| 3 a Totals b Totals b Totals 4 Add amou 5 Add amou 6 Total estat include in Part (V in Inc.) 7  8 Combine 6 Part V in Sui 9 Net farm 6 0 TOTAL inc | (attach Form 85*) if required]  ints in columns (d) and (f), kin ints in columns (c) and (e), kin its and frust income or (loss), the total on kine 40 below ome or Loss from Real Est  (a) Name  columns (d) and (e) only. En mmary ental income or (loss) from F come or loss, Combine amou  | term 1  1  1  1  1  1  1  1  1  1  1  1  1   | 73,384  73,384  73,384  24 and 35. Enter the r  Concluts (REMICs) -  ployer Sched (need)  de in line 40 below  and 39. Enter the results  and 39. Enter the results   | Residual Hold including from the O, and 2c natructions)  | (d) Taxable income (net less) from Schadviss Q, kns 1 b      | 34 35 36 (a) Inco          | 17                         | 3,38<br>3,38                            |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  ints in columns (d) and (f), kin ints in columns (c) and (e), kin ints in columns (c) and (e), kin its and trust income or (loss), the total on kine 40 below ome or Loss from Real Est  (a) Name  columns (d) and (e) only. En mmary ental income or (loss) from F come or loss, Combine amounced, kine 15  | tem 3  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  73 , 38 4  34 and 35. Enter the results (c) Excee Schedins (see in line 40 below in a 41 below.)  and 39. Enter the results (see in line 41 below.)   | Residual Hold including from the O, and 2c natructions)  | (d) Taxable income (net less) from Schadviss Q, kns 1 b      | 34<br>35<br>36<br>(a) Inco | 17                         | 3,38                                    |
| A B B B B B B B B B B B B B B B B B B B  | (attach Form 85*) if required]  ints in columns (d) and (f), kin ints in columns (c) and (e), kin its and frust income or (loss), the total on kine 40 below ome or Loss from Real Est  (a) Name  columns (d) and (e) only. En mmary ental income or (loss) from F come or loss, Combine amou  | terms  1  1  1  1  1  1  1  1  1  1  1  1  1 | 73 , 38 4  73 , 38 4  73 , 38 4  34 and 35. Enter the resonnumber (c) Exceetion number (need to below interest)  and 39. Enter the results  | Residual Hold including from the O, and 2c natructions)  | (d) Taxable income (net less) from Schadviss Q, kns 1 b      | 34 35 36 (a) Inc.          | 17                         | 3,38<br>3,38                            |

92-4012

SCHEDULE SE (Form 1040)

Self-Employment Tax

1931

Department of the Treasury Internal Revolue Service ➤ See Instructions for Schedule SE (Form 1040).

➤ Attach to Form 1040.

Attachment Sequence No. 17

Name of person with self-employment income (LE shown on socie) security card)

BARBARA P. BUSH

Social security number of person with self-employment income (se

#### Who Must Flie Schedule SE

You must file Schodule SE it:

- Your not parnings from self-employment from other than (line 4 of Short Schedule SE or line 4c of Long Schedule SE) were \$400 or more; OR
- You had church employee income (as defined in the instructions) of \$108.28 or more;
   AND:
- Your wages (and tips) subject to social security AND Medicare tax (or railroad retrement tax) were tess than \$125,000.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practioner, AND you filed Form 4361 and received IRS approval not to be taxed on those earnings, DO NOT file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 47.

Rote: Most people can now use Short Schedule SE on this page. But, you may have to use Long Schedule SE on the back.

### Who MUST Use the Long Schedulo SE (Section B)

You must use Long Schedule SE if ANY of the following apply:

- You received wages and the total of all of your wages subject to social security, Medicare, or railroad retirement tax plus your net earnings from self-employment is more than 53,400;
- You use either "optional method" to figure your net earnings from self-employment (see Section 8, Part II, and the instructions);
- You are minister, member of a religious order, or Christian Science practitioner and you received iRS approval
  (by filing Form 4161) not to be taxed on your earnings from these sources, but you owe self-comployment tax on
  other earnings;
- You had church employee income of \$108.28 or more that was reported to you on Form W-2; OR
- You had tip income that is subject to social security, Medicare, or railroad retirment tax but did not report those tips to your employer.

| _ | Section A - Short Schedule SE (Read above to see if you must use Long Schedule SE on the back (Section   | on <b>B</b> ).) | · · · · · · · · · · · · · · · · · · · |
|---|--|-----------------|---------------------------------------|
| 1 | Net farm profit or (loss) from Schedulu F (Form 1040), line 37, and farm partnerships, Schedule K-1 (Form 1065), line 15a  | 1               |                                       |
| 2 | Net profit or (loss) from Schedule C (Form 1040), line 31, and Schedule K-1 (Form 1065), line 154 (other than farming). See the instructions for other income to report.   | 2               | 789,176                               |
|   |  |                 |                                       |
| 3 | Combine lines 1 and 2  | 3               | 789,176                               |
| 4 | Net earnings from self-employment. Multiply line 3 by .9235, if less than \$400, do not file this schedule; you do not owe self-employment tax. Caution: If you received wages or tips, and the total of your wages (and tips) subject to social security, Medicare, or railroad retirement tax plus the amount on line 4 is more than \$53,400, you cannot use Short Schedule SE, Instead, use Long Schedule SE on the back | 4               | 728,804                               |
| 5 | Self-employment tax. If the amount on line 4 is:   |                 | [                                     |
|   | • \$53,400 or less, multiply kne 4 by 15.3% (.153) and enter the result.   | İ               |                                       |
|   | <ul> <li>More than \$53,400, but less than \$125,000, multiply the amount in excess of \$53,400 by</li> </ul>  |                 |                                       |
|   | 2.9% (.029). Add \$8,170.20 to the result and enter the total.   |                 |                                       |
|   | ● \$125,000 or more, enter \$10,246.60   |                 |                                       |
|   | Also enter this amount on Form 1040, line 47   | 5               | 10,247                                |

Note: Also enter one-half of the amount from line 5 on Form 1040, line 25.

99-4012

# Computation of Foreign Tax Credit

Form 1116

Department of the Treasury

Individual, Fiduciary, or Nonresident Allen Individual P Attach to Form 1040, 1040NR, 1041 or \$90-T.

Atlachment

➤ See separate Instructions Internal Revenue Service Identifying number as abown on page t of your tax return GEORGE H.W. & BARBARA P. BUSH Use a separate Form 1116 for each category of income listed below. Check only one box. Before you check a box, read Categories of Income on page 3 of the Instructions. This form is being completed for credit for taxes on: Lump-sum distributions (see instructions before Passive Income Shipping Income completing form) Dividends from a DISC or former DISC High withholding tax interest General limitation income - all other income from Distributions from a foreign sales sources outside the United States (including Financial services income corporation (FSC) or former FSC Income from sources within U.S. possessions) UNITED STATES Resident of (name of country) Note: If you paid taxes to one foreign country, use column A in Part I and line A in Part II, If you paid taxes to more than one foreign country, use a separate column and fine for each country. Taxable Income from Sources Outside the United States for Separate Category Checker Above Enter the Name of the Foreign Country or U.S. possession Foreign Country or U.S. Possession Tatal (Add Cols. A, B, and C В **VARIOUS** 1. Gross income from sources within country shown above and of the type checked above (see instructions): DIVIDENDS & INTEREST 291 alandel (communication) Applicable deductions and losses (See Instructions): 3. A. B. 3 ? Expenses directly allocable to income on line 1 3. Pro rate share of all other deductions not directly na december de la completa allocable: 669.484 Cartain itemized deductions or standard deduction (see instructions). . . . 5,124 674,608 2,291 Total foreign source income (See Instructions) . . . . . Gross income from all sources (See 1329,580 .001720 1.160 Multiply line 3c by line 3f . . . . . . . . . . . 4. Pro rata share of interest expense (See instructions.): Home mortgage interest from line 5 of the worksheet Other interest..... 8 Add lines 2, 3g, 4s, 4b, and 5 . . . . . . . 7 Subtract line 6 from line 1. Enter the result here and on line 14. 7 Part II Foreign Taxes Paid or Accrued Foreign Taxes Paid or Accrued Credit is claimed for taxes you must check one): In Foreign Currency In U.S. Dallers ī (d) Other INI Other M To let Foreign Paid Taxes Withheld at Source on: Taxes Withheld at Source on: Foreign Taxes Paid or Formion Accrued Taxes Paid or Taxes Paid or Account (And Cole (f) Renta Date Paid (ni Benta Accrued Accound (a) through (h)) (c) Interest (a) Clividanda (a) Dividenda (a) Interest or Account and Acvalled and Royalties 12/31/91 374 374 Α В С

374



| arryback or carryover (attach detailed computation)   | •                             | I'                   | 9552           |         |
|---|-------------------------------|----------------------|----------------|---------|
|   |                               | 374.                 |                |         |
|   |                               |                      |                |         |
| dd lines 9 and 10. ,  | <u> </u>                      |                      |                |         |
|   | 1                             | 374.                 |                |         |
| eduction in foreign taxes (see instructions)  | 12                            |                      | 144 N          |         |
| ubtract line 12 from line 11. This is the total amount of foreign taxes available for   | credit                        |                      | 13             | 374.    |
| nter amount from line 7. This is your taxable income or (loss) from   | 1                             |                      |                |         |
| ources outside the United States (before adjustments) for the   | 14                            | 1.131.               |                |         |
| ategory of income checked above Part I. (See Instructions)  |                               |                      | lan.           |         |
| djustments to fine 14 (See Instructions)  | 15                            |                      |                |         |
| combine the amounts on line 14 and line 15. This is your net foreign source taxal   | ble income. (If               | the                  |                |         |
| esult is zero or less, you have no loreign tax credit for the type of income you che  | ecked on page                 | 1.                   |                |         |
| kip lines 17 through 21.)   |                               |                      | 16             | 1,131   |
| ndividuals: Enter amount from Form 1040, fine 35. If you are a  |                               | İ                    |                |         |
| onresident alien, enter amount from Form 1040NR, line 33. Estates and   | 17 6                          | 54,972.              |                |         |
| rusts: Enter your taxable income without the deduction for your exemption 🛄   | 111                           | 124,212.             | !!:!, <b> </b> |         |
| bivide line 15 by line 17. (If line 16 is more than line 17, enter the figure *1.")   |                               |                      | 18             | .001730 |
| ndividuals: Enter amount from Form 1040, line 40, less any amounts on Form 1  |                               |                      |                |         |
| 2. Enter amount from Form 1040NR, line 33 less any amount on Form 1040NR,   | line 39, Estati               | 1.0                  |                |         |
| nd trusts: Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, ti  | ìne 3                         |                      | 19             | 194,931 |
|   |                               |                      |                | 227     |
| dultiply line 19 by line 18. (Maximum amount of credit.)  |                               |                      | 20             | 337     |
| inter the amount from line 13 or line 20, whichever is smaller. (If this is the only f  | Form 1116 you<br>Samalala tha | av e                 |                |         |
| completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise appropriate lines in Part IV.)   | , complete me                 | <i></i> . <b>.</b> - | 21             | 337     |
|   |                               |                      |                |         |
| IV Summary of Credits from Separate Parts (II (See Instructions.)   | <del>  </del> ·               |                      |                |         |
|   | 22                            |                      | 94             |         |
| Credit for taxes on passive income  |                               |                      |                | •       |
| Credit for taxes on high withholding tax interest   | 23                            |                      |                |         |
|   |                               |                      |                |         |
|   | 24                            |                      |                |         |
| Credit for taxes on financial services income   |                               |                      | 27/9/5         |         |
| Credit for taxes on financial services income   |                               |                      | 1              |         |
|   | 25                            |                      |                |         |
| Credit for taxes on shipping income   | 25                            |                      |                |         |
| Credit for taxes on shipping income   | 25                            |                      |                |         |
| Credit for taxes on shipping income   | 26                            |                      | 1.1            |         |
| Credit for taxes on shipping income   |                               |                      |                |         |
| Credit for taxes on shipping income   | 26                            |                      |                |         |
| Credit for taxes on shipping income  Credit for taxes on dividends from a DISC or former DISC  Credit for taxes on distributions from a FSC or former FSC  Credit for taxes on lump-sum distributions   | 26                            |                      |                |         |
| Credit for taxes on shipping income  Credit for taxes on dividends from a DISC or former DISC  Credit for taxes on distributions from a FSC or former FSC  Credit for taxes on lump-sum distributions  Credit for taxes on general limitation income (all other income from                           | 26<br>27<br>28                | 337                  |                |         |
| Credit for taxes on shipping income  Credit for taxes on dividends from a DISC or former DISC  Credit for taxes on distributions from a FSC or former FSC  Credit for taxes on lump-sum distributions  Credit for taxes on general limitation income (all other income from                           | 26                            | 337.                 |                |         |
| Credit for taxes on shipping income  Credit for taxes on dividends from a DISC or former DISC  Credit for taxes on distributions from a FSC or former FSC  Credit for taxes on lump-sum distributions  Credit for taxes on general limitation income (all other income from lources outside the U.S.) | 26<br>27<br>28<br>29          | 337.                 |                | 337     |
| Credit for taxes on shipping income  Credit for taxes on dividends from a DISC or former DISC  Credit for taxes on distributions from a FSC or former FSC  Credit for taxes on lump-sum distributions  Credit for taxes on general limitation income (all other income from                           | 26<br>27<br>28<br>29          |                      |                | 337     |

### ALT MIN TAX Farm 1116

# Computation of Foreign Tax Credit

Individual, Fiduciary, or Nonresident Alien Individual > Attach to Form 1040, 1040NR, 1041 or 990-T. ► See separate instructions



Department of the Treasury Internal Revenue Service

いけんからはないからいないはないないないようれまないない

以其外以多不是過過其一樣的被以及其一樣的各個人的情報等是的人也以為其樣的實的

or Accrued

12/31/91

8 C

| (EMB   |                                |                      |  | id en  | tilysog number as a             | hown on page 1 s         | f your las return                  |
|--|--------------------------------|----------------------|--|--|---------------------------------|--------------------------|------------------------------------|
| GEORGE H.W. & B  | ARBARA P. BU                   | <u>sh</u>            |  |  |                                 |                          |                                    |
| lse a separate Form 1116 for each cate   | gory of income listed bak      | ow. Check enly       | one box. Before  | you check a bo   | x, read                         |                          |                                    |
| Categories of Income on page 3 of the  | Instructions. This form is     | being complet        | ed for credit for  | axes on:   |                                 | aa daan lanta d          | vione bolova                       |
| Passive income   |                                | g income             |  |  | -sum distributio<br>leung form) | เมส (สอย เมสมมา          | Mous palois                        |
| High withholding tax interest  | <b></b>                        |                      | or former DISC   | ,  | ral limitation inco             | ome - all other          | income from                        |
| Financial services income  | 9                              | ions from a for      | *  | LAJ sourc  | es outside the U                | Inited States (i         | ncluding                           |
|  | corporat                       | tion (FSC) or fo     | rmer FSC   | incon  | ne from sources                 | within U.S. po           | enoieceee                          |
| Resident of (name of country) > UN   | ITED STATES                    |                      |  |  |                                 |                          |                                    |
| Note: If you paid taxes to one foreign or country, use a separate column a   | ountry, use column A in P      | enit bna I haf       | in Part II. If you   | paid taxos to mo   | re than one for                 | aign<br>                 |                                    |
| Part I Taxable Income from Sour  |                                | States for Se        | parate Category  | Checked Abov   |                                 |                          |                                    |
| Enter the Name of the Foreign Countr   | y or U.S. possession           | <u> </u>             | Foreign  | Country or U.S.  | Possession                      |                          | Total                              |
| A VARIOUS  |                                | L                    |  | <u> </u>   | C_                              | (Add                     | Cols. A. B. and C                  |
| В  |                                | ₹.,                  | oal e la la la 🔝   | e kaline.  |                                 |                          |                                    |
| С  |                                | ing s                |  |  |                                 |                          |                                    |
| 1. Gross income from sources within or   | ountry shown                   |                      |  |  |                                 |                          |                                    |
| above and of the type checked above  | •                              |                      |  |  |                                 |                          |                                    |
| DIVIDENDS & INTER  |                                |                      |  |  |                                 | ·                        |                                    |
|  |                                |                      |  |  |                                 |                          |                                    |
|  |                                |                      | 1, 1 15<br>1, 1 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1, 15 1 | and the second of the second o | The second second               |                          |                                    |
|  |                                |                      | 2,291  |  |                                 | 1                        | 2,29:                              |
| Applicable deductions and losses (Se   | e Instructions):               |                      |  |  |                                 |                          |                                    |
| 2 Expenses directly allocable to incom   |                                | 1                    |  |  |                                 |                          |                                    |
| (attach schedule)  |                                |                      |  |  |                                 | 1                        |                                    |
| 3 Pro rate share of all other deduction  |                                |                      |  |  |                                 |                          |                                    |
| allocable:   | 5 (10t all 50ll)               | 1.7                  |  | 4.5.   |                                 |                          |                                    |
| 2 Certain itemized deductions of a la  | edard deduction (see instruct) |                      | 625,494  |  |                                 |                          |                                    |
| b Other deductions (attach sch   |                                |                      | 5.124  |  |                                 |                          |                                    |
| c Add lines 3a and 3b  |                                | i .                  | 630,618  |  |                                 |                          |                                    |
| d Total foreign source income  |                                |                      | 2,291  |  |                                 |                          |                                    |
| Gross income from all source   | •                              |                      |  |  |                                 |                          |                                    |
| Instructions)  | ·                              | ļ                    | 1329,580   |  |                                 | [ ]                      |                                    |
| f Divide line 3d by line 3s  |                                |                      | .001720  |  |                                 |                          |                                    |
| g Multiply line 3c by line 3f  |                                |                      | 1,085  |  |                                 |                          |                                    |
| 4 Pro rate share of interest expense   |                                |                      |  |  |                                 |                          |                                    |
| The rate share of interest expense   | (Coo manageria).               | 1                    |  |  | 1                               | 1 1                      |                                    |
| <ul> <li>Home mortgage interest from</li> </ul>  | line 5 of the worksheet        | 1                    |  |  |                                 |                          |                                    |
| on page 5 of the instructions  |                                |                      |  |  |                                 |                          |                                    |
| b Other interest   |                                |                      |  |  |                                 | - <del>i</del>           |                                    |
| 5 Losses from foreign sources  |                                |                      |  |  | ···· <del> </del>               |                          |                                    |
| E EBBOO HOM ISINGH SOCIOS  | ,                              |                      | <del> </del>   |  |                                 |                          |                                    |
| 6 Add lines 2, 3q, 4a, 4b, and 5   |                                |                      | 1,085  |  |                                 | 5                        | 1,08                               |
| 7 Subtract fine 6 from line 1. Enter the   |                                |                      |  |  |                                 | . 1 7                    | 1,20                               |
| Part II Foreign Taxes Paid or Acc  |                                |                      | ······································   | <u>-</u>   |                                 | ·                        | 4.120                              |
| C Craditia claimed   |                                | F                    | reign Taxes Paid or  | Accrued  |                                 |                          |                                    |
| A Acadet is commend to the commend t | In Foreign Currency            |                      |  | •  | In U.S. Dollars                 |                          | <del></del>                        |
| n [7]  | thheld at Source on:           | (d) Other<br>Foreign | Taxo   | Withheld at Source   |                                 | (h) Oth er<br>Foreign    | (i) Total Foreign<br>Taxes Paid or |
| Υ  | (c) Interest                   | Accrued              | (a) Dividends  | ,f) Rents  | (g) Interest                    | Taxes Paid or<br>Accrued | Account (A dd Cale                 |

8 Add fines A through C, column (i). Enter total here and on line 9.

and Royalties

and Royalties

374

374

374

**▶** 32

289.

(9)

### Form 1118 (1964) Part III Flouring the Credit 9 Enter amount from line 8. This is the total foreign taxes paid or 374 accrued for the category of income checked above in Part I. . . . . 10 Carryback or carryover (attach detailed computation) . . 374 11 Add lines 9 and 10. . . . 11 12 Reduction in foreign taxes (see instructions) . . . . . . . 374. 13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit . 13 14 Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the .206 14 category of income checked above Part I. (See Instructions) . . . . . . . . . 16 Combine the amounts on line 14 and line 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the type of income you checked on page 1. 1,206. 17 Individuals: Enter amount from Form 1040, line 35. If you are a nonresident alien, enter amount from Form 1040NR, line 33. Estates and 664.589 trusts: Enter your taxable income without the deduction for your exemption. . 001810 18 19 Individuals: Enter amount from Form 1040, line 40, less any amounts on Form 1040, lines 41 and 42. Enter amount from Form 1040NR, line 38 less any amount on Form 1040NR, line 39. Estates and trusts: Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, line 8. . . . . . . . 19 159,501. 289. 21. Enter the amount from line 13 or line 20, whichever is smaller. (If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate lines in Part (V.) . . . . . . 289. Part IV Summary of Credits from Separate Paris III (See Instructions.) 23 23 Credit for taxes on high withholding tax interest . . . 24 Credit for taxes on financial services income . . . 25 26 Credit for taxes on dividends from a DISC or former DISC . . . . . . . 27 Credit for taxes on distributions from a FSC or former FSC . . . . . . 27 28 29. Credit for taxes on general limitation income (all other income from 289 sources outside the U.S.) 289. 30 31 31 Reduction of credit for international boycon operations (See instructions for line 12.). 32 Subtract line 31 from line 30. This is your foreign tax credit. Enter here and on Form 1040, line 43;

Form 1040NR, line 40; Form 1641, Schedule G, line 2a; or Form 990-T, line 9a.

Form 6251

# Alternative Minimum Tax - Individuals

➤ See separate instructions.

► Attach to Form 1040 or 1040NR, Estates and trusts, use Form \$656.

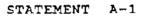


Department of the Treasury Internal Revenue Sernes Name(s) shown on Form 1040

Your social assurity number

|     | KE; 3 N 2 WN DR F UTA 10 PO  |            |                 |       |             | ,               |
|-----|--|------------|-----------------|-------|-------------|-----------------|
|     | GEORGE H.W. & BARBARA P. BUSH  |            |                 |       |             |                 |
| 1   | Enter the amount from Form 1040, line 35. (If Form 1040, line 35 is less than zero, enter as a negative amount.) . |            |                 |       | 1           | 654,972         |
| 2   | Nat operating loss deduction, if any, from Form 1040, line 22. (Enter as a positive amount)                        |            |                 |       |             | <u> </u>        |
| 3   | Overall itemized deductions limitation (see instructions)  |            |                 |       | . 3         | -36,734         |
| 4   | Combine lines 1, 2, and 3  |            |                 |       | . 4         | 618,238         |
| 5   | Adjustments: (See instructions before completing.)   |            |                 | 1     | ŀ           | 1               |
| 2   | Standard deduction, if any, from Form 1040, line 34  | 5a         |                 |       | _           |                 |
| b   | Modical and dental expense (Enter the smaller of the amount from Schedule A  |            |                 |       | 1           |                 |
|     | (Form 1040), line 4 or 2 1/2% of Form 1040, line 32.)  | <u>5</u> b |                 |       | _           |                 |
| c   | Miscellaneous itemized deductions from Schedule A, (Form 1040), line 24  | 5c         | 14,             | 371   |             |                 |
| d   | Taxes from Schedule A. (Form 1040), line 8   | <u>5d</u>  | 29,             | 119   | _           |                 |
| •   | Refund of taxes  | 5e         |                 |       | _]          |                 |
| f   | Certain home mortgage interest   | 51         |                 |       |             |                 |
| g   | Investment interest expense  | 5 g        |                 |       | 4           |                 |
| h   | Depreciation of tangible property placed in service after 1986   | 5h         | 2.              | 361   |             |                 |
| - 1 | Circulation and research and experimental expanditures paid or incurred after 1986                                 | ŞI         |                 |       |             |                 |
| 1   | Mining exploration and development costs paid or incurred after 1985,  | 5          |                 |       | _           |                 |
| k   | Long-term contracts entered into after 2/28/86   | 5k         |                 |       |             |                 |
| - 1 | Pollution control facilities placed in service after 1986  |            |                 |       | _]          |                 |
| n   | Installment sales of certain property  | 5m         |                 |       | _           |                 |
| л   | Adjusted gain or loss and incentive stock options  | 5n         |                 |       | ]           |                 |
| ٥   | Certain loss limitations   | 50         |                 |       | ]           |                 |
| р   | Tax shofter farm loss  | 5p         | <u> </u>        |       |             |                 |
| q   | Passive activity loss  | 5q         | ļ               |       | _[          |                 |
| ŗ   | Beneficiaries of estates and trusts.   | 5r         | <u> </u>        |       | _]          |                 |
| •   | Combine lines 5a through 5r,   |            |                 |       | . <u>5s</u> | 46,351          |
| 6   | Tax preference items: (See instructions before completing.)  |            |                 |       |             |                 |
| 2   | Appreciated property charitable deduction.   | 62         | <u> </u>        |       | _           |                 |
| b   | Tax-exempt interest from private activity bonds issued after 8/7/86  | 6b         |                 |       | _           |                 |
| c   | Dapletian.   | 6c         | <u> </u>        |       | _           |                 |
| ď   | Accelerated depreciation of real property placed in service before 1987  | 6d         |                 |       | ╛           |                 |
| •   | Accelerated depreciation of leased personal property placed in service bufore 1987                                 | 6e         | <u> </u>        |       | ╛           |                 |
| f   | Amortization of certified pollution control facilities placed in service before 1987                               | 61         |                 |       | _           |                 |
| g   | Intangible drilling costs.,,,,,,,  | 6g         | <u> </u>        | L     | _].         |                 |
| ħ   | Add lines 6s through 6g  |            | <i></i> .       | . ,   | 6h          |                 |
| 7   | Combine lines 4, 5s, and 6h  |            |                 |       | 7           | 664,589         |
| 8   | Energy preference adjustment for certain tax payers, (Do not enter more than 40% of                                | f line i   | 7.) See instruc | tions | . 8         | 0               |
| 9   | Subtract fine 8 from line 7, , , , , , , , , , , , , , , , , , ,   |            |                 |       | 9           | 664,589         |
| 10  | Afternative tax net operating loss deduction. See instructions for limitations , $\ ,\ ,\ ,\ ,\ ,$                 |            |                 |       |             |                 |
| 11  | Atternative minimum taxable income. Subtract line 10 from line 9, If married filling                               |            |                 |       |             | 664,589         |
| 12  | Enter: \$40,000 (\$20,000 if married filling separately; \$30,000 if single or head of house                       |            | •               |       |             | 40,000          |
| 13  | Enter: \$150,000 (\$75,000 if married filing separately; \$112,500 if single or head of ho                         |            | ,               |       | . 13        | 150,000         |
| 14  | Subtract line 13 from line 11. If zero or less, enter +0- here and on line 15 and yo to                            | line '     | 16              |       | . 14        | 514,589         |
| 15  | Multiply line 14 by 25% (.25)  |            |                 | ,     | . 15        | 128,647         |
| 16  | Exemption, Subtract line 15 from line 12. If zero or less, order -0 If completing the                              |            |                 |       |             |                 |
|     | 14, see instructions for amount to enter   |            |                 |       |             |                 |
| 17  | Subtract line 15 from line 11, If zero or less, enter -0- here and on line 22; and skip                            |            | _               |       | · -         | 664,589         |
| 12  | Multiply line 17 by 24% (.24)  |            |                 |       |             | 159,501         |
| 19  | Alternative minimum tax foreign tax credit. See instructions ,   |            |                 |       |             | 289             |
| 20  | Tentative minimum tax. Subtract line 19 from line 18   |            |                 |       | 20          | 159,212         |
| 21  | Enter your tax from Form 1040, line 38, minus foreign tax credit on Form 1040, line 4                              |            |                 |       |             |                 |
|     | entered on line 39 of Form 1040, see Instructions  |            |                 |       | . 21        | 194,594         |
| 22  | Alternative minimum tax. Subtract line 21 from fine 20, if zero or less, enter +0+. E                              |            |                 |       |             | i               |
|     | 1040, line 48. If completing this form for a child under age 14, see Instructions for ar                           | nouni      | to enter        |       | 22          | 0               |
| For | Paperwork Reduction Act Notice, see separate Instructions.   |            |                 |       |             | Form 6251 (1991 |

## GEORGE H.W. & BARBARA P. BUSH





| ======================================   |   |
|--|---|
| STATE AND LOCAL INCOME TAXES   | 4,190                                   |
| TOTAL STATE & LOCAL TAXES PAID CARRIED TO SCHEDULE A, LINE 5   | 4,190 **                                |
| **************************************   | <u> </u>                                |
| PERSONAL PROPERTY TAXES  | 122                                     |
| TOTAL OTHER TAXES EXPENSE CARRIED TO SCHEDULE A, LINE 7  | 122 **                                  |
| ======================================   |   |
| VARIOUS ORGANIZED CHARITIES<br>FROM ESTATE/TRUST 52-6224648  | 818,126<br>677                          |
| TOTAL INCLUDED IN SCH. A, LINE 13  | 818,803 **                              |
| ========== MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% FLOO   | PR === ================================ |
| FED EXP CHGS RE TAX INFORMATION LEGAL FEES-TAX ADVICE/OTHER MATTERS FEES & SEC. 212 EXP THROUGH PRESIDENT AND MRS. GEORGE BUSH QUALIFIED BLIND TRUST | 13<br>25,000<br>16,347                  |
| TOTAL MISC. DEDNS. SUBJECT TO LIMIT CARRIED TO SCHEDULE A, LINE 20   | 41,360 **                               |

### GEORGE H.W. & BARBARA P. BUSH

22

### ======= STATEMENT OF WAGES AND SALARY INCOME ======

Gross Fed. tax Tot. FICA/ wages withheld Medicare w/h

(T) THE WHITE HOUSE

200,000 66,000 5,123

TOTALS:

(T) 200,000 66,000 5,123

| i        | Control number             |  |  |   |
|----------|----------------------------|--|--|---|
|          |                            | 0 MB No 1545 000B                        |  |   |
| 2        | Employer's name, ad        | dress, and ZIP code                      | 6 Statutory Deceased Pension Legal employee plan rep | ga 1 Subtotal Deferred Yard<br>emp compensation |
| 1        | The White Ho               | use                                      |  | <u> </u>  |
|          | Office of Ad               | ministration                             | 7 Allocated tips                                     | 8 Advance EIC payment                           |
|          | Personnel Ma               | nagement Division                        |  |   |
|          | Room 4013, N               | EOE, 725 17th Street NW                  | 9 Federal income tax withheld                        | 10 Wages, tips, other compensation              |
| <u> </u> | Washington.                |  | \$66,000,00  | \$200,000,00                                    |
| 3        | Employer's identification  | number 4 Employer's state I.D. number    | 11 Social security tax withheld                      | 12 Social security wages                        |
|          |                            |  | \$3,310.80   | \$53,400.00<br>14 Medicare wages and tips       |
| 5        | Employee's social security | number                                   | 13 Social security tips                              |   |
|          |                            |  | 15 Medicare tax withheld                             | \$125,000,00<br>16 Nongualified plans           |
| 19       |                            |  |  | To Holidoninea biblio                           |
| -        | George H. W.               | Lusn                                     | \$1,812.50<br>17 See Instrs. for Box 17              | 18 Other  |
| i        | The White Ho               |  | IF GEE MAINS, NOT BOX IF                             | ] 20 01   |
|          | 4117                       | · • · · · · · · · · · · · · · · · · · ·  |  |   |
|          | Wasuington,                | D.C. 20500                               |  |   |
|          |                            |  |  |   |
| 20       |                            |  | 22 Dependent care benefits                           | 23 Benefits included in Box 10                  |
| 1111     |                            |  |  |   |
| 24       | State income tax   25      | State wages, tips, etc. 26 Name of state | 27 Local income tax   28 Local w                     | ages, tips, etc.   29 Name of locality          |
|          |                            | - ' '                                    |  |   |
| ···      |                            |  |  |   |
|          |                            | 1  |  |   |

Copy B To Be Filed With Employee's FEDERAL Tax Return

Department of the Treasury—Internal Revenue Service

# W-2 Wage and Tax Statement 1991

This information is being furnished to the Internal Revenue Service.



### GEORGE H. W. AND BARBARA P. BUSH 1991 CHARITABLE CONTRIBUTIONS

| Ducks Unlimited Foundation Brunswick, ME                    | \$<br>200 |
|---|-----------|
| 1st Congregational Church<br>Kennebunkport, ME              | 2,600     |
| St. Martin's Episcopal Church<br>Houston, TX                | 1,000     |
| St. John's Church<br>Washington, DC                         | 1,000     |
| River Tree Arts<br>Kennebunkport, ME                        | 50        |
| American Red Cross<br>Washington, DC                        | 1,200     |
| Black Student Fund<br>Washington, DC                        | 500       |
| Memorial Sloan-Kettering Cancer Center<br>New York, NY      | 800       |
| Leukemia Society<br>Houston, TX                             | 200       |
| United Way<br>Biddeford, ME                                 | 300       |
| Trustees of Phillips Academy<br>Andover, MA                 | 1,000     |
| United Negro College Fund<br>New York, NY                   | 1,680     |
| M. D. Anderson Cancer Center<br>Houston, TX                 | 1,680     |
| Yale University<br>New Haven, CT<br>Alumni<br>Class of 1948 | 500<br>40 |
| Maine Medical Center Portland, ME                           | 500       |



### GEORGE H. W. AND BARBARA P. BUSH 1991 CHARITABLE CONTRIBUTIONS (Continued)

| Morehouse School of Medicine<br>Atlanta, GA                          | \$ | 1,000  |
|--|----|--------|
| United Way Houston, TX   |    | 1,000  |
| Combined Federal Campaign Washington, DC                             |    | 1,000  |
| Star of Hope Mission<br>Houston, TX                                  |    | 300    |
| Salvation Army<br>Houston, TX  |    | 1,200  |
| Ashley Hall Foundation<br>Charleston, SC                             |    | 100    |
| Kennebunkport Village Fire Company<br>Kennebunkport, ME              |    | 250    |
| Sweetser Childrens Home<br>Saco, ME                                  |    | 100    |
| The Barbara Bush Foundation<br>for Family Literacy<br>Washington, DC | 7  | 89,176 |
| Brick Store Museum<br>Kennebunk, ME                                  |    | 30     |
| Alumni of Smith College<br>Northhampton, MA                          |    | 200    |
| Thyroid Foundation<br>Boston, MA                                     |    | 500    |
| Louis T. Graves Memorial Library<br>Kennebunkport, ME                |    | 100    |
| Bread for the City<br>Washington, DC                                 |    | 100    |
| Crohns & Colitis Foundation<br>New York, NY                          |    | 1,000  |



### GEORGE H. W. AND BARBARA P. BUSH 1991 CHARITABLE CONTRIBUTIONS (Continued)

| The Patriots Foundation Washington, DC   | 500   |
|--|-------|
| Billy Graham Evangelistic Ass'n<br>Minneapolis, MN   | 100   |
| Ronald Reagan Presidential Foundation Washington, DC   | 1,000 |
| South Central YMCA<br>Houston, TX  | 100   |
| AmeriCares Foundation<br>New Canaan, CT  | 1,000 |
| International Rescue Committee<br>New York, NY   | 1,000 |
| Desert Storm Foundation Washington, DC   | 1,000 |
| Presiding Bishops Fund<br>New York, NY   | 1,000 |
| Ashley Barrasso Cancer Research Fund<br>The Pittsburgh Foundation<br>Pittsburgh, PA                    | 500   |
| American Cancer Society<br>Houston, TX   | 250   |
| David G. Placsh Aviation Scholarship Fund<br>Greater Portsmouth Community Foundation<br>Portsmouth, NH | 20    |
| National Law Enforcement Memorial Washington, DC   | 500   |
| Desert Storm Surviving Dependents Fund Washington, DC  | 200   |
| Kick Drugs Out of America<br>Washington, DC  | 250   |

### GEORGE H. W. AND BARBARA P. BUSH 1991 CHARITABLE CONTRIBUTIONS (Continued)



| Christ Memorial Chapel<br>Hobe Sound, FL                        | 200       |
|---|-----------|
| Kinkaid School<br>Houston, TX                                   | 200       |
| Gladney Society<br>Fort Worth, TX                               | 500       |
| Southern Maine Medical Center<br>Biddeford, ME                  | 500       |
| SUB-TOTAL   | 818,126   |
| Through President and Mrs. George<br>Bush Qualified Blind Trust | 677       |
| TOTAL   | \$818,803 |